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THE SUDDEN MURDERER:

A Preliminary Report

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IN JULY, 1956, a social maladjustment study unit was organized at Malcolm Bliss Psychiatric Hospital to serve as an interdisciplinary research, teaching and consultation center, focusing on problems common to psychiatry and law; and contributing to the study, understanding and eventual social readjustment of individuals involved in aggressive antisocial or delinquent acts.^{2,14} Between July 1, 1956, and December 30, 1957, 153 patients were seen at this unit. Many of these patients presented problems in which diagnostic and psychodynamic formulations were fairly obvious, regardless of the nature of the offense or of the referring agency.⁴ However, in one group of patients—those who, without any prior pattern of antisocial behavior that might indicate the individual concerned would commit such a crime, suddenly attempted to kill or did kill another person—the crime as a function of the personality of the individual concerned was much more difficult to understand. This paper is a preliminary report of an investigation of the common factors in the life patterns and offenses of the thirteen persons from our 153 cases who fit this category—thirteen whom we called "sudden murderers."

Such a person was Al, a 22-year-old twice married white male, who was charged with murdering a 30-year-old divorcee (the cousin of his first wife) in a brutal fashion, carrying her remains in a laundry

bag in the trunk of his car for several weeks, and finally dumping her in a creek near his home in another state. Although he confessed after apprehension, he later claimed that he did so under duress and that he was innocent, although the evidence against him was overwhelming.

Al was a native of a rural southern state. His father was a coal miner, but due to chronic illness was incapacitated most of the patient's life. There were two older brothers and two younger sisters. His mother, according to Al's account, was unusually overprotective and domineering.

Al apparently joined the Army as soon as possible both to escape from his mother and to gain financial security with the least effort. He said he spent some time on the Korean front. He denied any serious trouble in the service and said he was honorably discharged. There is no information to deny or corroborate this statement. His attitude towards the Army was one of being victimized by moneyed interests engaging in a useless war, but he said that he "put up with all this" because he knew that "it could not last long."

His major conflict seems to have been over his extreme dependency on and fear of women. His mother and younger sisters ran the household. He insisted that the Army forced him to marry his first wife after she became pregnant, and that his mother's objections to the marriage were powerless. As he and his first wife were unable to get along, they finally separated, and he said he sued for divorce. The murdered woman, cousin of the first wife, had been active in trying to keep his first marriage intact. Al at first denied that the cousin took sides, but later said that she sided with the first wife.

His second wife he had known from childhood and he married her in February, 1956, seven months before the birth of a son. At first Al denied that the child was conceived before they were married, but later said he didn't know that his wife-to-be was pregnant at the time. He married his second wife before the legal waiting period after the divorce from his first wife was over. Hence, he said, his mother and sisters maintained that he was not legally married.

He felt that his mother, sisters and first wife all joined forces and pestered him continuously in an attempt to break up his second marriage. They also caused him to lose one of his jobs. After he and his second wife began fighting, he decided to leave home so that his family "would leave my [second] wife alone." He came to St. Louis without

his wife and child ("because it was too cold for the baby to travel") to find a job and settle down—or to take a vacation, depending on which time he was telling his story.

It just so happened, he said, that by chance he met his first wife's cousin in St. Louis and he spent much time with her—but with other people around. She worked in an aircraft plant and he applied for work there, too, but was unsuccessful in obtaining a job because he never seemed to be able to locate his Army discharge papers.

During this time he became involved sexually with the cousin while she maintained his support. However, after a while she lost interest in him and was becoming involved with other men. Following an argument in regard to this behavior, during which she rejected him in a belittling manner, he suddenly lashed out in homicidal fury, beating her with a milk bottle and then strangling her with his hands and a lamp cord.

In the hospital, Al appeared to be a neatly dressed young man with a bland, flat affect even when talking about disturbing subjects. Only after considerable "pushing" would Al show some agitation. He was extremely vague about the details of his crime, although he read all the lurid accounts in the newspapers and detective magazines. He said that he felt he was an utter failure, that everything he tried to do went wrong and that the important women in his life lost no time in telling him so. He projected almost all the blame for failure onto interference from other people and said his only chance for success was to be left alone and given a chance to start over again. However, he seemed to have no idea as to how he would stop this alleged interference if he were given a chance to start over.

He felt that he had been to a mental hospital "to find out if there is anything wrong" with him. He said he believed there was not; that, after seeing other patients, he was thankful that he was not thus afflicted. He denied, incidentally, any family history of delinquency or mental illness. If freed, he said, he would not "mess up again" but would like to make a career of "working in hospitals helping other people." Although his ward behavior was unusually cooperative and he went out of his way to assist debilitated and withdrawn patients, he verbalized his feeling of edginess and irritation toward other patients and said that even the ordinary ward noise disturbed him. His attitude was that, if he

were not freed, "they might as well shoot me."

He appeared to consider himself a well-controlled, mild-mannered person who had no difficulty getting along with other people. However, he suggested that, if he were pushed too far, he might lose control of his temper to the point where he wouldn't know what he had done afterward.

THE case record of Al is in many ways typical of the pattern found in the lives and offenses of all thirteen sudden murderers referred to our unit. Ten of these committed actual murder and three were charged with assault with intent to kill, rather than with murder per se, as their victims did not die. None of these offenders was involved in murder for profit or for obvious personal advantage, and none of them had patterns of consistent repeated criminal activities. In age, our thirteen patients ranged from 15 to 56, although only one was under 18 and only one was over 45. The median age was 25 and, in general, these patients could be characterized as belonging to the young adult group. Eleven men and two women were involved; eight were white and five (all male) were Negro. All thirteen were native-born. Five were single, four were married and four were divorced.

In terms of family background, a consistent pattern began to emerge. In every case the patient was reared by at least one natural parent—his mother. Most patients (nine cases) lived with both natural parents while being reared. Two lived with mother alone (one's father having died and one's parents being divorced) and two lived with a natural mother and a stepfather (both mothers having divorced the natural father). No patient was reared by a natural father alone, or by foster parents, or in institutions. Most patients came from large families—although three were only children, seven were reared in families with five or more children and the three others came from families with at least three children. Of those who were not only children, seven were intermediate in age among the siblings, two were the oldest and one was the youngest.

The families of origin lived in rural farming areas for six cases, in urban areas for five and in peripheral urban or small-town areas for two. Geographically, most families were relatively stable, living in the same area throughout the patients' childhood (seven cases), and in three more cases some degree of geographic stability was noted. Only in

two cases were the families relatively mobile geographically. However, the economic condition of the families during the rearing period was marginal for most (nine cases) and could be considered as "comfortable" in only four cases. A history of severe physical or mental disorder in father, mother or siblings was not common, although three patients noted physical disorder in one or more close relatives, one patient's family had a history of chronic alcoholism, one patient's family had a history of serious physical ailments, serious mental disorder and chronic alcoholism, and one patient's family had a history of serious mental disorder and criminality.

The families of origin were, in general, overtly cohesive—the pattern of the "broken home" was not apparent in our data. In only one case was there a family pattern suggesting poor cohesiveness, and some cohesiveness was noted in eight cases, with marked cohesiveness in four. The apparent quality of the relationship between mother and father was not generally good, however: it was rated as poor in nine cases, fair in three cases and good in only one case. It was clear that mother was the dominant parent in ten cases, and father in only three. In no case was there a history of cooperation without domination between the two parents.

A striking finding was the overt attitude of the parents toward the patient during the childhood period. No father had a warm or even overprotective relationship to the child: father's attitude was generally characterized as hostile, rejecting or overstrict (five cases) or indifferent (two cases). Father was absent during the rearing period in three cases, and his attitude toward the patient was unknown in three cases. Even more consistent was mother's overt attitude toward the patient during the childhood period, for it could be characterized as overprotective in eleven cases (being unknown or undetermined in the remaining two). In no case was mother's attitude that of warmth or even indifference or overt hostility. At the same time, the patient considered himself to have been, as a child, attached to the mother in eleven cases and hostile to her in only one (the attitude of child toward mother is unknown in the other case). However, except for three cases in which the overt emotional ties of the patient to his father are not known, the attitude toward father was generally hostile (eight cases) or indifferent (two cases). The closeness of the emotional tie to mother is demonstrated by the fact that only one patient out of thirteen ever made

a complete break away from home (with severance of contact with all family members).

THE patients were not generally well educated—none had attended college and only one had completed high school. Three attended high school, three completed grammar school (eight grades) and four attended grammar school. In two cases the degree of schooling was unknown, although it was evident in both that they had not gone any further than high school. Five of these patients were unskilled laborers, three were engaged in clerical work, one owned a small business and four were dependent on others. Job stability was not good, however; of the ten patients who had ever been gainfully employed, eight had never held a job for as long as a year, although two patients had been employed at steady work at one job for more than five years.

Economically, the patients' status could be characterized as marginal in eleven cases and "comfortable" in only two cases (of the four dependent on others, in only one case was the provider characterized as affording a "comfortable" economic status). Four men of the eleven had served in the armed forces—two of these received honorable discharges but never advanced in rank and two received other than honorable discharges (although neither received outright dishonorable discharges). In only two cases was there a record of past criminal activity, one man having committed forgery (he was put on probation) and one having committed car theft (he was sent to prison for a short time.) Both female patients, however, had a record of illegitimate pregnancy. Although, as noted above, these patients came from families that were relatively stable geographically, they themselves generally had patterns of relative mobility from place to place (eight cases); only five had patterns of relatively stable geographic location.

Of the twelve patients 18 and older, four had never married (nor had the one 15-year-old boy in our series). None of the eight patients who married appeared to have achieved good relationships with their spouses. Four patients who had married only once showed records of a marital relationship marked with frequent bickering or disagreement or infidelity or other difficulty. In four cases, marriage ended in divorce (for one marriage in two cases, and for two marriages in two cases). In addition, the pattern of overt sexual behavior of these thirteen patients appeared to be that of "normal" heterosexually oriented persons

in only two cases, six patients having been involved in consistent promiscuous heterosexual behavior and five patients having a history of markedly inhibited sexual behavior. In no case was there a record of definite overt homosexual behavior. In general, these patients did not have a history of severe physical disease or defect, although one was partly deaf and one had a past history of chronic headaches of indefinite etiology.

In one case was the body configuration of these patients markedly dysplastic in any way. There was a primary tendency toward mesomorphism in seven cases, toward ectomorphism in five cases and toward endomorphism in only one case. Surprisingly, the intellectual capacity of these patients was rather high. Psychiatric histories and interviews and psychological tests (in most cases) indicated that seven patients were of average intelligence, four were considered to be dull normal and two were of borderline intelligence; no patient was considered to be in the mental defective range.

ANALYSIS of the character and personality structures was based on extensive and intensive psychiatric interviews and observations in a mental hospital. All patients were rated on the basis of such interviews and observations by a large group of psychiatrists, clinical psychologists and psychiatric social workers and the traits examined were then categorized under the following headings: self-assertion (the faculty of asserting one's rights, demands, opinions, and so on); social assertion (the quality of asserting will and ambition with regard to the social environment, as well as the surface ability to get along with others); overt defiance or hostility, overt submissiveness and/or dependence, ambivalence to authority, general feelings of insecurity or anxiety, feelings of not being wanted or loved or of not being recognized or appreciated, feelings of helplessness or powerlessness, fears of failure and/or defeat, feelings of resentment, depressive trends, tendency to blame others for one's troubles, feelings of isolation, feelings of sexual inadequacy, and tendencies toward extroversion or introversion.

Striking and consistent patterns were noted in several of these character and personality traits. In general, these patients showed some degree of ambivalence in their attitudes toward authority, and some degree of feeling not wanted or loved or recognized or appreciated. Most of them showed as well some degree of fear of failure and defeat and

some feelings of resentment. Most patients showed some surface ability to get along with others, but all tended to blame other people for their troubles and all expressed definite feelings of isolation. In general, they expressed marked feelings of sexual inadequacy. All showed some small degree of chronic depression, although this was not marked in any case. Most of these patients could be characterized as introverts, only one being definitely extroverted and one being an ambivert. All of the findings were substantiated by batteries of psychological tests.

For some traits, however, there were marked differences between the findings on psychiatric examination and interview and those on the psychological tests. Self-assertion and social assertion were present to some degree in several cases in terms of overt behavior, but were definitely lacking in *all* cases on the tests. In the same way, although four patients showed only minimal or absent overt feelings of submissiveness or dependency, all showed marked submissiveness or dependency feelings on the tests. Only about half of the patients overtly expressed marked feelings of helplessness or powerlessness, but all demonstrated these feelings in tests. The minimal depressive trends noted in overt behavior were in most cases *not* evident on the tests.

THE HISTORY of the crime itself provides certain insights of value. It was noteworthy that in all cases there was a period of overtly adequate adjustment immediately prior to the offense. This period of adjustment was of varying duration: from one to three months in four cases, three months to a year in six cases and one to five years in three cases. During this period of overtly adequate adjustment nine patients were employed at steady work (eight were working with apparent effectiveness and satisfaction, one with increasing resentment and difficulty), two were in a dependent status (one was a juvenile and one a housewife), and two were unemployed. During this period nine patients had apparently stable relationships with a spouse or an illegal heterosexual partner.

In twelve cases there appeared to be some later precipitating factor or "insult" that threatened the patient's stability in his most important relationships. (In the remaining case it was not clear whether there was such a factor). The incidents that precipitated the offense were: (1) a belittling rejection by the patient's sexually provocative paramour, (2) a sadistic threat by this female patient's male sexual

partner to his wife, who represented to the patient an accepting maternal figure, (3) the threat of impending marriage, (4) the refusal of his child to conform to the demands made by the patient, (5) the withholding of the patient's pay check by his employer, (6) the "teasing" of the patient in regard to his girl friend by his supervisor, (7) the refusal of his stepfather to pay the patient for work performed, (8) provocative hostile remarks made by the second husband of the patient regarding his sexual abusiveness toward her children, (9) criticism of the patient's drinking by his domineering wife, (10) an altercation with a friend about the patient's job problems, (11) rejection of the patient by his girl friend and belittling remarks made by the girl friend's new lover, and (12) the ejection of the patient from a public library by a library guard.

The time period elapsing between this precipitating "insult" and the crime varied: three patients reacted within a few minutes, four within a two-day period, two in periods longer than two days but less than two weeks, and two took several months to react. (In two cases the time period is unknown). The method of killing or attempted killing was violent in all cases: eight persons shot their victims, four beat them with blunt instruments (and two of these also strangled or attempted to strangle their victims), and one knifed his victim. In five cases the victim was the sexual partner of the subject (three of these were legal spouses and two were illicit but continued partners), in two cases the victim was a stranger of the same sex, in two cases the victim was an employer or supervisor of the same sex, and in four cases the victims were in other roles (stepfather, stepson, friend, and one girl friend's new paramour). The conjectured symbolic role of the victim was not consistent, as it was thought to be paternal in five cases, maternal in three cases and self in five cases. In eight of the crimes evident sexual hostility was involved; in five only a more generalized hostility was apparent.

AFTER the crime, five patients either called the police or acted in such a way that someone else was sure to call the police, and then admitted their crimes without hesitation. Six patients did not turn themselves in to the police but made no active efforts to escape apprehension and, when apprehended, also admitted their crime. Two patients made active but poorly planned efforts to escape apprehension

and both of these later denied that they were guilty of the alleged crime although the evidence of their guilt was overwhelming in both cases. Seven patients were bland and unconcerned after the crime (although one of these patients was anxious and somewhat depressed about her possible future disposition), five were "righteous" and one patient appeared to be resentful and hostile but not righteous. No patient showed strong feelings of guilt, none showed evidence of marked or even moderate depression and none was overtly anxious about having committed a crime. Eleven patients admitted or expressed a definite sense of relief after committing the crime, in such phrases as "I'm glad I did it" or "I'd do it again."

FROM the foregoing data, it appears that persons who have committed or attempted to commit sudden "inexplicable" murders have certain consistencies in their life patterns. Although the families of origin are generally large and of marginal economic status, they tend to be relatively stable geographically, living in the same area throughout the patients' childhood, and there is a definite tendency toward cohesiveness and toward an apparent family attempt to conform with social norms. (The immediate family rarely demonstrates a history of criminality or serious mental disorder, or even of serious physical disorder).

At the same time, there is a strong tendency for mother to dominate in the family pattern, and mother and father do not generally get along well. Father is consistently a negative figure (either absent from the family picture or indifferent or overtly rejecting toward the child). Mother is even more consistently overprotective. With such conflicts around them, these persons as children must develop a strong sense of insecurity and inadequacy. To defend against this and against marked feelings of anger and rage, which they are not able to express openly because of their introjected need to conform, they make strong use of the psychological mechanism of projection.

Such conflicts become more difficult to handle as these individuals grow older. Despite reasonably adequate intellectual capacities and good physical constitutions, they generally do not do well in school, at work or in the armed forces, and tend to drift from place to place, perhaps looking for greater "opportunities", which, of course, they are not able to handle successfully even if such opportunities become available.

By the time these persons reach the young adult period they are quite aware of their failure to achieve adult roles and they have feelings of not being wanted or loved, of not being recognized or appreciated and of being isolated from other persons. Although, overtly, they are able to maintain some surface ability to get along with others, some degree of self and social assertion, more covertly they feel markedly deficient in these areas: covertly, they feel helpless, powerless and dependent.

Such conflicts are bound to reach greatest intensity during periods of apparent adjustment—when social and interpersonal expectations of adaptability and conformity to adult standards are increased. Then the discrepancy between such demands and the individuals' inability to meet them adequately becomes more and more painfully obvious, the sense of isolatedness more and more unbearable and the intrapsychic tensions increasingly stronger and more difficult to cope with. At such a time, then, some "insult" (an "insult" that might seem irrelevant or trivial to the casual observer) may trigger a sudden discharge of tension into a wish-fulfilling, furious, violent, hostile lashing out—the sudden murder—which may be directed against a clearly significant person or against a stranger or passer-by.

IN terms of diagnosis, these patients present certain problems. Complete physical and laboratory examinations made it clear that none of those in our series were suffering from organic brain disorders or mental deficiency. (In one case electroencephalographic examination indicated certain minor deviations which, however, were not thought by the consultant in neurology to be of any etiological significance in the patient's disorder). It was also clear that none of these patients were suffering from affective psychotic reactions, psychoneurotic disorders or transient situational personality disorders as primary diagnostic possibilities.

The disorders of most patients appeared to resemble the long-standing personality disorders. Like the classical antisocial psychopaths, our subjects seemed to suffer disturbances in the processes of projection and identification,^{10,13} to be concerned with conflicts relating to unrequited love, guilt, and hostility,⁹ and to have suffered affect starvation in the formative childhood years.⁸ Like the psychopaths described by some authors,^{1,3,5,12} the sudden murderers had a shallow family life and developed attitudes resulting in social isolatedness with limited or non-

existent positive relationships. *Unlike* the psychopaths as described by these and other authors,^{6,7,11} however, the sudden murderers did *not* have a history of continuous and repetitive trouble with the law, nor did they lack a sense of responsibility. Rather, their difficulties came about because of their needs to conform and because of their inability to act out hostility in ways that they would feel might still be socially acceptable.

In general, the sudden murderers demonstrated certain qualities of the schizoid personality (emotional coldness and isolatedness, difficulty in forming close relationships with other persons and difficulty in directly expressing hostility), and certain qualities of the passive-aggressive personality (feelings of helplessness, inefficiency and persistent reaction to frustration with resentment). Two patients were, however, overtly and blatantly schizophrenic, with fundamental disturbances in reality testing, regressive behavior and strong delusional or paranoid trends evident at the time of the crime and on initial examination following the crime. In two other cases diagnosis was especially difficult on initial examination, but after six months under close observation in a mental hospital regressive behavior with delusional material and paranoid and autistic thinking became apparent, so that a final diagnosis of schizophrenic reaction was made.

The life pattern, personality trends and offenses of those later diagnosed as schizophrenic were generally similar to those of the nine other patients. However, in certain ways the schizophrenics did differ: three of the schizophrenics demonstrated markedly inhibited sexual behavior and the only two patients of the thirteen who had good job stability were both later diagnosed as schizophrenic. In relation to the crime itself, the schizophrenics tended to have the longest time periods of overtly adequate adjustment immediately prior to the offense (one to five years in three cases), and in all four cases where the time lag between the precipitating "insult" and the crime was more than forty eight hours, the offender was later diagnosed as schizophrenic. In addition, following the crime, the four schizophrenics all either called the police or acted in such a way that someone else was sure to call them and their reaction afterward was "righteous" in every case.

Follow-up investigation in January 1958, (ranging from four to eighteen months after final disposition at this unit) indicated that the behavior patterns of all thirteen offenders were essentially unchanged

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from the time period of our last observations, and that the four patients diagnosed as schizophrenic (all of whom had been committed to a state mental hospital) were still clearly psychotic, while the remaining patients (who had been sentenced to varying terms in the state penitentiary) were still clearly not psychotic.

Although this study indicates that there are certain common consistent factors in the life patterns of persons who commit or attempt to commit a "sudden" murder, it is quite possible that some of these factors are not specific for this group of offenders but apply to all offenders of any kind referred to our unit. For this reason we are currently analyzing data from other "control" groups of offenders for comparison.

IN summary, this preliminary study of eleven men and two women who—never having been in serious trouble before—suddenly committed or attempted to commit murder shows that there are consistent patterns in their life histories and offenses. Such persons appear to be quite different from the usual delinquent or criminal. The "sudden murderers" come from cohesive family backgrounds, where conformity to the rules of the social system was emphasized. Failing in the attempt to conform because of underlying conflicts, such persons have tended to blame other people and, as a result, to feel alone and isolated.

It is when such persons seem to be getting along quite well, when others expect them to be even more conforming and mature, that these men and women become most aware of their shortcomings. Then they become more and more tense and more and more angry. At such a time even a slight insult or provocation sets off the violent surge of rage that results in murder.

After the crime, the murderer is almost always bland, relieved or even righteous, for the end-result of his crime is to remove him from further responsibility to act as an adult.

This study has resulted from research being done at the Social Maladjustment Study Unit of the Malcolm Bliss Mental Health Center in St. Louis, whose goal is to contribute to the understanding and prevention of adult antisocial behavior and to the treatment of criminal offenders.

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Once we have found the cure for cancer, there will be no common major disorder in which stress does not appear to play an important causal part.—*Nicolas Malleon*

TREATMENT OF PSYCHOPATHIC DELINQUENTS

IN DENMARK

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THE Danish Penal Code of 1930 allows a wide-ranging individualization of treatment regarding the mental character of delinquents. The Code has two paragraphs, §16 and §17, which are directly concerned with the different types and shades of mental disorders, and additionally §70 has a bearing on the same problem.

§16 runs as follows: "Free from punishment are acts committed by persons who as a consequence of psychosis or equivalent conditions or because of defectiveness of mind are insane." The wording of §17 is, Section 1: "If the perpetrator by committing the punishable deed presented a longer-lasting state of mind conditional on defective development, debilitation or disorder of his mental powers including sexual abnormality but not of the nature mentioned in §16, the Court, after psychiatric certification and according to the total actual circumstances, will have to decide whether the punishment can exert a beneficial effect upon him."

And finally §70: "If a charged person according to §16 has been declared free from punishment, or if a punishment according to §17 is found inappropriate while it is judged that other precautions must be taken toward him concerning public security the Court will have to decide upon this. If it is not expected that security may be provided through less radical measures, the person in question will have to be taken under care in a mental asylum, an institution for feeble-minded persons or in a special custodial institution. Within the limits marked out by the Court the authorities have to decide upon the detailed conditions that the execution of this measure demands."

According to this, the system of possible sanctions that the Penal Code provides will appear from the following scheme:

1. Simple confinement ("hoefte," haft") mild prison. Brief punishment. Not disgracing. Normal persons.
2. Imprisonment. Ordinary jail. From thirty days to lifetime. Normal persons (but eventually [according to §17] psychopaths and pathologically deviating characters).
3. Juvenile prison. Uncertain time from one to maximum three years. Normal persons.
4. "Working house" ("arbejdshus"). From one to maximum five years. Normal persons and vagabonds. Relatively harmless recidivant delinquents, deteriorating, straying, alcohol addicts. §17: Especially vacillating, spineless, weak-willed psychopaths.
5. Security-custody. More dangerous delinquents. Gross criminals, recidivant delinquents. (Four) eight years to lifetime. Normal and §17 persons, including many emotionally cold psychopaths.
6. Institution for cure of alcohol addicts. Heavy drunkards. Many §17: Alcoholic psychopaths.
7. Mental asylum. Uncertain time. §16 (and 17) psychotics (and some psychopaths).
8. Asylum for mentally defective persons. Uncertain time. §16. Mentally deficient. §16 (and a few §17).
9. Security asylum. Uncertain time. §16 (and 17). Dangerous psychotics (and psychopaths).
10. Psychopathics prison. The prisoners are treated within a certain prison framework and under psychiatric supervision. §17. Psychopaths. Up to three years' imprisonment.
11. *Custodial Institution for Psychopathic Delinquents*. Uncertain time. §17. Psychopathic or semi-psychopathic types. Often because of their psycho-biological character recidivant criminals.

As will be seen, within this penal system there will be found a larger or smaller number of psychopaths or semi-psychopathic types, namely under items 2,4,5,6,7,8,9,10 and 11.

The manner in which the psychopathic delinquents are distributed within this framework depends upon the judgment of the

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Court and can sometimes appear incidental, for instance concerning on one hand the discrimination between ordinary imprisonment, working-house, security-custody, and on the other hand psychopaths prison and custodial institution for psychopaths. But at any rate it allows great flexibility and freedom for handling the whole penalty system.

Concerning items 10 and 11, generally it will develop that persons who may be found suitable for punishment, *but* presumably because of their mental but not properly psychotic deviation will show behavioral difficulties and need psychiatric supervision, will be confined to the psychopaths prison.

On the other hand, psychopathic personalities with outspoken mental deviations needing psychiatric care will be confined to the custodial institution for psychopaths. Among such persons, some for whom ordinary punishment has been attempted without positive result also will go to the psychopaths prison (popularly called the "Kindergarten" of the custodial institution). The difference between the two categories is vitually only that the first mentioned is on limited time and bears the stamp of punishment, while the other is on uncertain time and has no character of punishment.

In what follows we will consider especially the last two categories, particularly treatment in the custodial institution.

IN delimiting the concept of psychopathy, we will have to abstain from theoretical discussion of a field that is still open to wide disagreement and often also inaccuracy. We are here concerned with a purely practical and social concept. The category of delinquents concerned with actually be mentally abnormal but not psychotic or feeble-minded persons with inner tensions and emotional disharmony, with a tendency to act out their impulses and therefore severe adaptional difficulties. For these, ordinary methods of therapy, somatic or psychological, presumably would be without result.

The Danish Penal Code of 1930 directed according to its §70 the establishment of a special custodial institution for the segregation and treatment of the persons especially falling within the frame of §17: i.e. mainly criminal types of psychoapths. This institution was built at a distance of about seven miles from Copenhagen in the village of Herstedvester.

The institution was opened 1935. (When it was outgrown, another

institution for the same purpose was opened in the town of Horsens [Jutland] in 1951.) At the beginning the psychiatric supervision was given by one half-time psychiatrist together with the inspector of the neighboring state prison. In 1938 a full-time chief psychiatrist was nominated—myself—and I directed this work for three and a half years, assisted by a junior psychiatrist. It was a period of establishing and tentative work, and the conditions during these first years of World War II were not too favorable.

The following development, with rapid growth, the foundation of more circumscribed patterns of treatment and a considerable expansion of the staff, has taken place under the leadership of my successor, Dr. Georg K. Stürup, who has carried on scientific work and published a series of articles and monographs. During his fourteen-year tenure the institution has become the leading center of forensic psychiatry in Scandinavia. The expanded staff includes three full-time assistant psychiatrists, a clinical psychologist, a number of social workers, nurses, secretaries etc.

The institution is surrounded by a twenty-five foot ringwall, floodlighted at night. The buildings are spread over a flat area of about ten acres. In the center is the two-story infirmary. On the ground floor are the offices of the doctors, psychologist, social workers, nurses and secretariat, laboratories, examination rooms, operating room etc. On the upper floor are one-and two-bed rooms for the treatment of inmates with physical diseases or agitation and intermittent psychoses, together with an observation department for all penal institutions of the state.

In three corners of the compound are two-story pavilions, each with a mid-corridor and divided vertically into four sections, each of which contains fifteen single rooms and common dining and sitting rooms. The inmates are permitted to ornament and equip their rooms with individual furniture and to keep birds and aquariums. In the other corner are two barracks with workshops and other facilities, and finally an open ward. All the other wards are closed and windows barred.

In the middle of the site there is a big workshop. The more troublesome and unreliable inmates are occupied in their cells, the more sociable in the workshop with handicraft. A number are occupied with farming and gardening. The work is paid for at piecework rate. Part of the earnings is saved to serve as starting capital after discharge; the rest is available for shopping. The workshop building also contains

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school facilities, where the inmates are trained in various pursuits and a big hall serving for gymnastics, religious services and entertainments.

The institution admits only male psychopaths. For the much smaller number of women a small barracks camp has been established at another place on the island of Sealand. For the male inmates two smaller affiliations have been established in a village a few miles from the central institution. There the inmates are occupied with farming and gardening.

The institution has grown at a very rapid rate. During the first years after the opening in 1935 the number of admissions was between 20 and 30. In 1944 for the first time it exceeded 50 and in 1950 there were 158 admissions.

Discharge always takes place after a reopening of the case in the same court where the delinquent was sentenced, and is subject to probation for a variable term of years, during which the person is under supervision and control of social workers, who also may advise and support him when he needs it. If the probationer acts contrary to the conditions prescribed at discharge, he may be admonished, the control may be tightened, and if repeated or more severe transgressions are in question or there is a relapse to criminality, he may be returned to the institution.

Now we turn to the principles of treatment. Generally it must be kept in mind that the institution and the special kind of custody have a twofold purpose: (1) To protect the public against the criminal danger that the delinquent presents by segregating him from the community, and (2) to do this in a way that fundamentally is different from punishment. The segregation is not intended to be or to symbolize retaliation. Nor, on the other hand, is it meant to be only a negative or passive measure. It offers the delinquent certain conditions under which he may receive treatment. But what type of treatment, with such apparently desolate cases, where we have no tradition or experience of significance to build upon? It is up to the leader of the institution to work out the fundamentals of such treatment himself.

To plan the treatment first of all it is necessary to examine and analyze the situation of the delinquent, his previous life experiences and the specific "doctor-patient" relationship in question. From the in-

mate's viewpoint it might appear that confinement in this essentially humane institution would seem less arduous than ordinary imprisonment. But this is actually not so. The question of being punished or not is overshadowed by the abhorrent aspects of insecurity and uncertainty as an immediate consequence of the indefinite time of loss of liberty, the confinement, being at the mercy and arbitrariness of others. In addition, most of the inmates have a poor realistic evaluation of their own potentialities and situation.

Apparently such a situation offers very limited conditions for treatment. The custody with all its rules and regulations, its measures of security reinforced upon the "patient" against his will, the two-sided responsibility of the doctors, waiters and other personnel—primarily toward society, only secondarily toward the patient—might seem to make any therapeutic approach impossible, especially by means of the available psychotherapeutic or "sociotherapeutic" techniques.

The leader of the institution therefore must work out his own technique, a process that requires time. This means that the real experience of treatment can be judged only by the latter part of the institution's history. Dr. Stürup has described the basic principles of the treatment in a publication with the title: "Medical Psychological and Pedagogical Treatment of Criminals."

Dr. Stürup does not follow any theoretical system, though he draws variously from them. His approach is primarily empirical, practical and partly eclectic. Schematically he distinguishes between two separate phases: (1) The phase of so-called re-education and maturation and (2) the therapeutic phase in the more proper sense. Though one may criticize his term for the first phase, I think he is justified in distinguishing between two such phases.

In the first phase—the re-educative—it is primarily a question of breaking down the massive, wicked defense mechanisms, characterized by the suspicious-hostile, aggressive attitude always marking the anti-social individual, and creating a doubt of its adequacy and of the delinquent's sense of self-sufficiency and of being unjustly treated, a martyr, a persecuted, not tolerated person. In this period of doubt and insecurity-feeling the emotional tension within the personality breaks through in madly affective explosions with aggressive-destructive acts, often followed by feelings of guilt and shame for the exposure of traits that one would scorn as unmasculine behavior in others. Sometimes

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this may produce a vague feeling of having a share in the wrongs of life, and here the first possibility of more realistic contact with the doctor may appear; for instance through a need to discuss how to start a more successful future. It may bring him a feeling of helplessness and need for support and eventually produce a kind of transference, which must be handled cautiously and wisely in the further therapy. There may also appear the possibility of enucleating and discussing markedly pathogenic life situations with him.

Sometimes this need for support may appear at a late stage of custody, for instance shortly before a planned discharged, masked under gross disciplinary transgressions caused by more or less unconscious anxiety toward the fervently wanted freedom with all its responsibilities, and stress and the wish for staying under others' responsibility. By using adequate technique of interview, the therapist may uncover behavior patterns in such obvious ways that the patient can gain useful insight. Dr. Stürup has called this therapeutic situation "affect-therapy," which means combined cathartic abreaction and insight.

FROM the beginning of the stay in the institution it is the aim to establish a realistic relationship between the inmate and the personnel, especially the leadership. Nearly all inmates soon after their admission show an attitude openly stamped with horror of responsibility and, in the most positive-minded, with expectations of some miracle-cure. This attitude must be met by referring to the unmistakable fact that both the sentence and the regulations of the institution clearly speak of custody and that an eventual reorientation of the inmate's personality must primarily be built on his own efforts. The doctors make it clear that they will do their best in helping and supporting these efforts. The doctor emphasizes that the growth to more personal maturation is a long-term project; custody is only one of many difficulties that the inmate has to bear. Even after expiation he will have to go through a new phase of troubles in his reorientation to life, where all must find the best way to solve their problems.

Some inmates are cooperative from the start, others after a period of painful experiences, some never; and the last mentioned are inaccessible for treatment. In case of the patient presenting a realistic cooperative attitude, further interviews at regular intervals may be appropriate, principally of non-directive type and furthering deeper in-

sight into the causality of his own experiences and strengthening his self-confidence and hope of being able to live a social life.

Simultaneously with and integrated into this type of psychotherapy run schoolwork, organized for adult persons, and eventually study groups. The study groups can be discreetly combined with or lead to systematic group therapy. It is important that the teachers and group leaders not only have a good training within their professional field but also represent the spirit that should penetrate the whole institution.

Likewise the treatment is followed up with occupational therapy. This is planned as a special type, which might rather be called training therapy, representing primarily a meaningful training within an occupational field or trade corresponding to the inmate's abilities, which can be utilized in social readaptation after release. Also artistic talents are stimulated—painting, music, dramatic skill (eventually amateur theatricals, revues, marionette-theatre—good for abreaction and serving the psychodrama-principle).

Even in handling a therapy within this limited scope the doctor needs and understanding and knowledge of psychoanalytic principles in order to manage the "doctor-patient" relationship and the ever ambivalent transference dynamisms. The final scope is to help the patient in his endeavor to achieve a better independence, maturity and responsibility. Only a minority of the patients present conditions necessary for attempting a psychotherapy with more far-reaching integrative goals with a successful prospect. It is hardly necessary to add that under the given conditions psychoanalysis in the proper sense is wholly out of question. Dr. Stürup refers to different types of briefly applied analytic techniques, such as group therapy, narcoanalysis (which according to his experience can prove useful to some shy, insecure, inhibited persons and those with obvious well-defined pathogenic experiences, in breaking emotional blockage, sometimes in a very dramatic way), and finally insight therapy through series of analytically oriented interviews.

A final judgment of the results of the Stürup therapy would be to some extent premature. It has taken a considerable part of the institution's short experience to work out a technique. A follow-up over a longer period of statistically significant material on uniform groups, compared with controls of groups treated under other con-

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ditions, will be needed before a definitive evaluation can take place.

THE sexual delinquent needs special mention. Sexual delinquency according to the Danish Penal Code covers a vast field of more or less grossly deviating types of sexual behavior. Some of these, such as the exhibitionists, are relatively harmless, while others, such as rapists and extreme sadists, are utterly dangerous. As sexual delinquents are more deeply rooted in biological and psychological peculiarities and nearly always present an obvious pathology, their number in the institution is always relatively large. It is therefore not by coincidence that two sexual delinquents, repeatedly relapsing and not influenced by ordinary punishment, were the original cause of a provisional detention act of 1925, which soon afterward made establishment of the institution necessary.

The Danish act of 1929 authorizing legal castration, which has stirred up considerable indignation, should be regarded against this background. I agree with this indignation only concerning a paragraph in the act according to which under certain conditions compulsory castration may be carried out, but this paragraph has never been invoked in any case. Castration has been performed only on a voluntary basis and the number of sexual delinquents on whom it has been performed is relatively small. I have seen a number of former sexual delinquents who were grateful for their operation and later were socially well adapted. A few have married and have been able to have sexual relations with their wives.

THE psychiatric treatment of characterologically abnormal law-transgressors in a special custodial institution has directly or indirectly influenced the treatment of prisoners in ordinary penal institutions in Denmark. There is some significance in the fact that the leader of the institution for psychopathic delinquents is also the psychiatric consultant for the Danish prison system. In this capacity he visits the other penal institutions, carrying out the psychiatric examination of prisoners with behavior disorders. Some of these examinations are conducted in the special observational department of the institution for psychopaths, where eventual psychiatric treatment can be pursued if needed. It has thereby been observed that there are a considerable number of prisoners in the ordinary penal institutions who in their criminal

and mental behavior do not deviate much from the inmates of the institution for psychopaths and that on the other hand there are some who do not need psychiatric treatment. It is recognized, too, that psychiatric collaboration in general has been a useful factor in the rational fight against criminality.

Through this comprehensive study of offenders it has been demonstrated that the old principle of penance with the scope of retaliation, inflicting upon the criminal a suffering corresponding to the sufferings he has inflicted upon others, can be replaced to at least some extent with the principle of re-education and resocialization by the employment of psychiatric assistants in the ordinary penal system. Thus to some extent the institution for psychopathic delinquents may be regarded as an experiment on a large scale. When psychiatric principles of treatment penetrate the ordinary penalty practice more and more, we will be in a position to estimate realistically the value of treatment in such special institutions compared with psychiatric collaboration in the treatment of prisoners in conventional penal institutions.

LOVE'S ENIGMA

THE subject which is most talked and written about remains a mystery. It is experienced every hour everywhere on this globe and it is still unknown. That everybody has experienced it does not make its understanding easier. What happens every day often stays unknown, while rare events and extraordinary experiences disclose their nature more quickly . . . Love is an unknown psychical power, its origin not yet discovered and its character not yet understood. If it is true that science is the topography of ignorance . . . then the region of love is a vast white spot on the map.—*Theodor Reik*

YOUTH AND ITS PSYCHOLOGICAL PROBLEMS

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As we look to our modern youth, we take pride in his advancement, maturity and achievements. We are appalled by current reports of youthful depravity in some corners of our community. We take umbrage with those who would insinuate that a universal deterioration is gaining momentum among our young people. The greater bulk of our adolescents do not involve themselves in the degrading statistics that make headlines. These reports more often than not cause embarrassment to the majority of our well-integrated teenagers. Most of our young people reflect with pride the stability of their parents and the substance of their communities.

A qualitative analysis of the youth of any well-articulated community can be found in the strength of three basic factors: first, the stability of the homes; second, the quality of the schools and third, the spirituality of the churches. Each is as important to the others as are the legs of a three-legged stool. No one can be weaker than the others and provide firm purchase on which to stabilize our adolescents.

The basic psychological urges of our present-day youths are no different from what they were in our day. As in our own experience, today's teenagers seek emancipation from adult control while they strive for independence. They don't welcome intrusion into their private lives any more than we did. They are at times uncommunicative and become so secretive that they even seem to exclude their parents. Adolescents still manifest a strong urge to be respected as persons and they will allow us to participate in their doings only if they are sure that we are not controlling. Their dependence upon adults can be measured in inverse ratio to the degree by which we are helping them to become independent.

We are hardly just if we evaluate their awkwardness and apparent easy-going way as empty-headedness. As in our own experience, these teenagers are passing through the most worrisome years of their lives.

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They are filled with anxiety about acceptance. This state of mind finds them most sensitive. Their feelings will never in the future have been so tender; thus the importance of peer standards. Among their peers their fantasy life can find an audience as they test themselves against a background of understanding without risk of censure.

We note them bursting with enthusiasm or down in the dumps, over things and events that to us seem unimportant, when new-found emotions overtake them. Their response to feeling appears completely out of proportion to the importance of the stimulus. Just you dare to break an Elvis Presley record of a teenage addict, or flatten the tires of a hot-rod! You might precipitate a mood swing that would smoulder for hours and cause a temporary immobilization as the youngster becomes preoccupied with his feelings. As the pressure from this hurt lets off, our otherwise balanced adolescent might respond in surliness and display a tone of gruffness that we are ill prepared to tolerate.

The boy-meets-girl aspect of adolescent progress seems fraught with mystery and confusion to adult observers, for they fear to toy with adolescent sentimentality because they have failed to prepare the youngster for this all-important adjustment.

These phases of youthful development are for the most part normal manifestations of the transition from childhood to adult life. They become problems only when what is normal is allowed to get out of balance.

AT THIS TURN we feel that it is fair to say that all adolescents are a prototype of the adult world in which they live. Children are copyists. They are what we are. They reflect what we tolerate. The youth of today is not the leader of this generation; he is the offspring of it.

Let us take a look at the milieu in which we are asking our youth to develop. During our exploration let us be honest and endeavor to see whether we adults are not to be indicted for the damaging influences that befall our youngsters.

By the way of analogy, can we not look to the wisdom of the farmer and note that he would never dare trust his young colt with the draft, even though he looks like a full-grown horse, until he is aged to his new stature five or even six years. We, on the contrary, often surrender our rightful position of authority the moment our lad looks

like a man. Perhaps we are fooled by external manifestations. We respect the fact that in this land of plenty junior is well fed. He is large of stature. He is apparently quite strong. He is from all standards of measurement adult in size.

He may use the family car, if he doesn't have his own. He has pocket money in abundance from his allowance. He can freely engage in independent transactions. He can communicate without effort, for the telephone is his servant. He schedules his movements from dawn to far beyond dusk without explanation or accounting. Living thus, he has most of the prerogatives of an adult. Therefore, he thinks he is a man. He unwittingly says to himself, "I must be a man". He assumes all the privileges of an adult but none of the responsibilities.

With this upsurge of a feeling of equality, Junior questions all limitations if he does not circumvent them entirely. He lacks judgment and balance in his craving to satisfy his human wants. In this mood he may fall victim of the virus of human respect, not wanting to be considered "chicken," and gratify his urges without regard for ethical restrictions. At times he is so driven by peer standards that he must have what he wants despite the bounds of propriety or the restrictions of the law.

One conclusion we have come to as a result of our intimate living contact with delinquent boys for more than two decades has been the following: that delinquents are essentially people motivated by expediency, in contrast with the non-delinquent, who is more likely to be a person motivated by principle.

My contention that the usual adolescent delinquent is motivated by expediency follows logically upon the accepted premise that these boys are products of faulty or deficient habit training; also that their powers of volition have not been strengthened by practice. Thus it can be seen that they are filled with the spirit of the Latin root *expedire*—*expeditus* (to be free of foot as in *ex-pedis* or, in another sense, free of impediment or obstacle). Hence their attitude is often noted to be free, light, easy, convenient. They find themselves doing things for kicks. Their movements can be predicated upon a feeling tone "Let's have fun."

On this fleet-footed base they build up a sense of practical wisdom that takes the place of moral suasion. Their frame of mind is often salted with an attitude of "don't give a damitas." They see only im-

mediate advantage and present conditions. In this circumstance they act, often impulsively. Their ulterior motive is self-interest.

Can we not then see that if a boy is moved by expediency he is often opposed to what is right and proper? This implies that his choice is influenced by temporal ends. Propriety would be determined by principle. The expedient lad sees only the immediate practical viewpoint with the attitudinal tone best expressed by "What'll I get 'out 'a it?" His strategy is determined by pleasure. He is fundamentally *hedonistic*. He lives a life dedicated to the gratification of the sense appetites. He makes no distinction between happiness and pleasure. He is so much lost in the fog of delectation that he finds quietude upsetting. He must needs live in a whirl of continuous activity. This phase of noisy motion produces one stimulus upon another. In the feeling tone of the delinquent it is best described as "living it up".

PERHAPS my assertion that modern youth is fundamentally hedonistic calls for some clarification. This age-old system of living and thinking has been with us since 400 B.C. The fathers of Hedonism taught that pleasure is the universal and ultimate object of endeavor and the chief aim in life, and also that pleasure should be the only motive for action. They recommended the avoidance of painful feeling, even though it should be part of the acquisition of self-control and self-discipline. They held little regard for benevolence and self-sacrifice and saw no ground for obligation, no sanction for duty and responsibility. Virtue held no place in the thinking of the Hedonists, for they considered it of worth only as a means of obtaining pleasure. Their system reduced everything to sonsism and a spirit of indifference. Finally, they held to a notion that we often see today which suggests that one should obey the law only to avoid punishment, which would interrupt pleasure.

These tenets have flourished for centuries, but we must remember that they were consciously sponsored by adult groups of cultists, such as the Cyrenaics, Epicureans and Utilitarians as a sort of philosophical sport. The tragedy as we see it in our time is that our youth have been unconsciously worked into this hedonistic mood by the impact of modern materialism that just overwhelms them.

Our children today ape us. They are, like ourselves, often captive to the master salesmen of Madison Avenue. We, however, are able to

discriminate. In their immaturity of judgment they are often victim. They eat up the idea of something-for-nothing or do-it-easier. This is meat to their inclination toward laziness and self-indulgence. Imagine the impact on the mind of the youngster whom you would like to scrub the kitchen, when he has dinned into his consciousness the ceaselessly repeated message: "Don't be a drudge. Why scrub? That's old-fashioned. Use X Wax—it takes the hard work out of waxing—it's easier to manage—it's the quick and easy way. Live modern!"

What mother, worried about the threat of cancer, can restrict her daughter's smoking against the impact of glamorous appeals spiced with the claims, "It's all pure pleasure—"Don't miss the fun of smoking"—"They satisfy."

If you don't drink, you're a square, many teenagers are led to believe. Drinking is promoted as the mark of sociability. Don't be left out at the next party, is the tone of present-day ads. One advertisement was brash enough to say, "When it's open season for pleasure, clear heads agree that—tastes better."

Our youngsters did not build this environment in which they are asked to mold their characters. We have permitted these depreciating influences to germinate in our midst. We may be certain, however, that they are debilitating in their impact upon our children. Imagine how our youth must be influenced by the oftentimes salacious lyrics put to beat by those who parade themselves as composers.

YOUTHS of today follow what we adults tolerate. They worship our gods, be they spiritual or material, they read and listen to what we do, but, lacking maturity and judgment, they are often negatively influenced.

Children today are not reared in the spirit of industry. They get too much that is not the product of their labor. They begin to expect reward without effort. Thus they develop a skill at being crafty. They transfer this to the school, where they are met with a diluted curriculum that fills them with a smattering of disrelated learning that passes for knowledge. Parents have shifted responsibility to the schools and at the same time, through their meddling, have caused the eradication of anything that could be considered Spartan. This parental disposition is frequently reflected in the home where Johnny and Janey begin to expect privileges without having worked for the reward.

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We feel that the basic psychology of adolescents has not changed one iota, for it is fundamental to human nature. We are of the mind, however, that we adults without exception have been duped by the forces of materialism and that, as a result of our being victimized, we have contributed to the hardship of our confused adolescents, who must emulate us as they adjust to life.

THE ELUSIVE GOAL

SYSTEMATIC reasoning is something we could not, as a species or as individuals, possibly do without. But neither, if we are to remain sane, can we possibly do without direct perception, the more unsystematic the better, of the inner and outer worlds into which we have been born . . . To be enlightened is to be aware, always, of total reality in its immanent otherness—to be aware of it and yet to remain in a condition to survive as an animal, to think and feel as a human being, to resort whenever expedient to systematic reasoning. Our goal is to discover that we have always been where we ought to be. Unhappily, we make the task exceedingly difficult for ourselves —*Aldous Huxley*

OFFENDERS COMMENTS ON

CREATIVE RESTITUTION

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THIS paper is part of an investigation of creative restitution as a disciplinary technique for guiding and rehabilitating adult and juvenile offenders.^{1,2} Chronic criminal or delinquent behavior may be regarded as an impulse neurosis, id-dominated behavior, analogous at a human level to the animal fixations that Norman Maier and his students have investigated in the animal laboratory.³

Manual guidance has proved effective in the animal laboratory in ending repetitive, self-defeating behavior. Alcoholics Anonymous seems to provide similar equally effective guidance at a human level. Applying the principles of the AA program to the problem of delinquency and crime led to the concept of creative (non-mandatory) restitution: an offender, under court jurisdiction, is helped to find some way of his own choosing to make amends for his offense, either directly to the victim or by helping others.

Part of this research on creative restitution has involved discussing the idea with juvenile and adult offenders. This paper describes some of these discussions.

ADULTS

1. County Jail

MILT (a member of AA and a probationer) and I conducted our usual Saturday morning meeting of Adults Anonymous (a euphemism for Offenders Anonymous) in a Midwestern county jail. We had a round-table discussion on the Twelve Steps, as is the custom in AA meetings. We had discussed Steps 8 and 9, in which amends

are made to those we have hurt. I then suggested we role-play an offender making restitution for having passed a check. George, on his way to the state prison for check-passing, offered to play the offender who has served his time and is now on parole; Frank, an alcoholic with forty years of skid-row life etched on his face, asked to play the victim. George: "You remember me, I'm the guy that gave you that check. Well, I just got out and I'm sorry I did it. I was drunk when I did it." Frank: "That's why you got drunk, so you'd have the nerve to do it. Where's my ten dollars?"

George (genuinely surprised): "Yeah, that's right. A person should make the check good."

Ron (intruding into the skit): "Not me, not after I serve my four years in prison for passing a check, I'm going to make it good. I've paid my debt, they owe me."

Frank: "If this is your first offense, okay, I'll accept your apology. Is this the first time? Or do you make it a business? Pretty handy thing to be able to do!"

(Milt then played the offender, I the hostile rejecting victim. Milt. "If that's how you feel, you're sicker than I am, I feel sorry for you, you should see a psychiatrist.")

2. Prison Camp

Tip (a member of AA, ex-convict, ex-parolee, co-founder of Youth Anonymous, nominee of the Detroit Youth Commission for a Marshall Field Award) and I led a meeting of YA at a Michigan Department of Correction (Youth Division) prison camp. I explained the concept of creative restitution and asked the men to apply it to their present situation of inmate or to their anticipated situation of parolee or ex-inmate.

"Makes good sense. But what if you didn't hurt anybody, how you going to make amends? Or what if you hurt someone and you're not sorry for what you did?"

"Would the guy accept your apologies? If he would, sure it's a nice idea. I haven't seen anyone yet I couldn't face."

"If a man serves time, then restitution shouldn't be compulsory as part of parole, he's already paid for it."

"If the guy pressed charges, nothing doing. I'm bitter and don't want to go back to see him—he got me sent up."

Offenders' Comments on Creative Restitution

"It's an idea. I hadn't thought of it." (AE: "Can you see yourself doing it?") "Yeah, I can, I can see it, now I think about it."

"Suppose we were both in the wrong, fifty-fifty, then we should both make amends to each other, each make restitution to the other guy. But if I got to do it all, no, nothing doing. After all, I did time and he didn't and we both did wrong."

"Nope, not if I've done time for it, I won't go back. If they hadn't made me do time first, sure, then I would."

"It would make you and him both feel better. He may not be the one who pressed the charges, sometimes the state does even if he doesn't want them to. He told me he was sorry about the thing but that it's been taken out of his hands. And I told him I was sorry too. But the state took over."

"It wouldn't bother me to go back to see him. He didn't press the charge; the state did. But if he had, I don't know if I'd want to go back. He might not be happy to see your face." (AE: "Suppose a responsible adult, your parents, or Tip, or your parole officer talks it over with him?") "A good idea."

"Well, it's up to him, his attitude. I robbed twelve people, I sure don't want to see them."

"I wouldn't go back. I took his car, wrapped it around a telephone pole. In court, I was handcuffed and he tried to maul me, he was bitter. I'd want to take someone big with me. But I'd be willing to apologize, make it up to him any way I could." (AE: "Suppose you write him a letter telling him how you feel. He's not going to come up here to the camp to beat you up.") "No, that's true, he ain't going to come up here. Yeah, I might do that, write to him."

"It would change his attitude of 'Once a thief, always.'"

Objections to creative restitution, being a formal part of parole softened when Tip commented: "Why shouldn't you be compelled to find something constructive to do to make amends? You found something destructive to do. But I'd bristle too if anyone tried to tell me what I must do to make amends."

A controversy over whether a parole officer should order creative restitution or should suggest it ended when I asked if the men felt it is appropriate and helpful for the parole officer to help the offender in this task, by working with him and by acting as liaison between offender and victim. There was unanimous agreement.

3. Pre-Parolees

At the House of Corrections, eight pre-parolees from the state prison sat waiting for the parole supervisor. As a visitor accompanying the supervisor, I went over and sat down next to one of the men and explained that I had come to sound the men out on an idea I had. I described creative restitution, and asked the man what sense he felt it made to him, about to get out on parole.

"Yeah, that's a good idea. I tried to make the check good. But you go to jail, and then you feel bitter, and you don't want to make restitution then. Now I'm coming out of prison, still be on parole, not free, and I figure I paid my debt and then some, maybe they owe me. I didn't think any more about restitution. But it's still a good idea."

After the supervisor talked to the men about parole requirements, such as needing permission to leave the state or county, to change residence or employment, to marry or drive a car etc., I asked my acquaintance to tell the men what I had explained to him. When he finished, I asked each man to take a turn commenting.

"That's what I wanted to do before I went to prison. This guy said he wanted to drop the charge. He knew I wasn't myself at the time or I wouldn't have done it, but the police refused."

"Sure, I had that idea long ago. I went back to the guy and told him I had been wrong."

"The man tells me he understands and would like to drop the whole thing, but that the insurance company is the one took the loss and they're pushing the prosecution." (AE: "Have you thought about making amends to the insurance company?") "Well, I suppose I could look up the insurance people, if I'm going to try this restitution idea." (Looks startled and dubious, no longer hostile).

"I went back and admitted I'd been wrong and was willing to make it right. He says, 'You're more a man than I thought.'"

"Restitution was being considered in my case before the conviction, but once the conviction was in, that ended any talk of restitution. I haven't thought about it since."

"You know, I've been thinking about that since quarantine" (at the time of admission to prison).

"Don't see how I could. The people I hurt, they're all over the city. I don't know them; they don't know me."

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Parole Supervisors: "Once I got stuck in a snowbank, and a guy hitches on a rope and pulls me out. He won't take any pay, just tells me to pass it on. Now I keep a rope in my trunk compartment. Sometimes we can't make restitution directly, but we can find other ways. We're willing to help you."

JUVENILES

1. Police Juvenile Division

I sat in the office of a police precinct with the juvenile officer and a railroad detective. Boys had broken into a boxcar, removed two watermelons, smashed and eaten them. The next night they had broken into a shack, wrecked an air hammer, and had ridden a handcar.

AE: "What do you think should be done with the boys?"

Detective: "That's the \$64,000 question. Punishment won't help. Beating them won't help. Talking may help a little. Church and school can help."

AE: "If a boy comes to you and asks what he can do to make amends, how would you feel?"

Detective: "Any boy comes to me, tells me he's sorry and wants to do the right thing, that's my boy. He's walking right down my alley."

First boy in was Jimmy, a small 13-year-old in minor trouble two years earlier. After Jimmy and his mother were interviewed by the officer and detective, they were sent into the waiting room, where I joined them.

AE: "Jimmy, you don't have to do this, but would you be willing to go back to the detective and do something to make up for what you did?"

Jimmy: "Sure." (AE: "What could you do?") "I could stay away from there, stay home, not go back and do it again." ("Anything else?") "Help keep other boys away."

Mother: "If there's a mess there, Jimmy could take a broom and clean it up."

AE: "How would you feel about paying for the watermelons?" He shrugged: "Okay." "How would you get the money?" "My father could give it to me." (We discussed this.)

Jimmy agreed to discuss it with his buddies, see if the group would

want to go back as a group to make amends in some way. When the detective came into the waiting room, I called Jimmy's attention to him. Jimmy hesitated.

AE: "It's hard to go tell a man you want to make amends, isn't it?" Jimmy nodded. "If you don't want to do it, don't do it, but if you want to, then go ahead and try."

I left the room. When I returned, I asked Jimmy how he'd made out: "I asked him what could I do and he said he'll think it over."

2. Juvenile Court Preliminary Hearing

The court referee and I listened to Tom describe his car theft. "There wasn't a car worth taking in that lot, so I hitchhiked to another part of the park and found one. I drove it around, parked it, and found an Olds."

AE: "Tom, what could you do to make it up to the owners of the cars you steal?" "Oh, not use up all his gas, and park where he can find it, and not crack it up." ("Anything else?") "No, what else could I do? I stole his car, didn't I?"

Father: "I think Tom owes some apologies. If the police help us contact the owners, Tom can ask them what they would like him to do, maybe something around the house."

3. Training School

Tip and I led a meeting of YA at a private training school. I told the boys of the concept of creative restitution, asking them how they would feel about returning to the person they had hurt in order to apologize and to make amends.

"That's a good idea. Yeah, I'd be willing to try it."

"A nice idea. I might try it."

"Nope. Suppose this guy got mad and he warns you not to come back. You can't go back and apologize, when he's told you he doesn't want to see you again."

"It's alright."

"Uh-uh. That's taking a chance. He might be a jive-do and work you over. You don't know what you're getting into." (AE: "Suppose a responsible adult, perhaps your parents, or Tip, or a PO, or the school

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director, were to approach the man first and sound him out?") "Well, that'd be a different situation. If Tip went first and got the okay that'd be different."

"You should go back. That's right. Because this man, he might be holding a grudge against your whole family, not just you. You'd be helping your family if you went back."

"You know, it's hard for a kid to say, 'I'm sorry.' But I'd be willing to try."

"It's a good idea, but I can't see myself doing it."

"I couldn't face him." (AE: "Would it be easier if a responsible adult went with you?") "Mm, maybe. Yeah, let Tip go see him first, then I'll go by myself."

"No, a guy would just do it to get a break, so that the judge wouldn't send him to the training school. He'd say, 'I'm sorry,' and not mean it and go out and do it again and say, 'I'm sorry,' and just keep it up." (AE: "That wouldn't apply to someone in your position. You have nothing to gain from going back to apologize or to make amends.") "That's different. The thing to do is to do your time and get something out of it, and then you mean it from the heart when you say you're sorry. You do your time and then you're really sorry."

"Do it if you really feel it inside and it's hard for you to do. Some guys would just put it on."

"I'd try, but I'd be shaking."

"You could do more harm than good, like in a murder, the family is just getting over it and you go say you're sorry and bring it all back. Why remind them of it?" (Some teenage murders had been in the headlines.)

"Good. I'd be scared. Have Tip go first, then I'd go by myself."

"I agree with what the other boys said." (Laughter) "It's a good idea."

Tip: "This program is my restitution, though I have gone back to apologize and make amends, to the police and to people I hurt. It isn't so much what you do for the other guy when you make amends, it's what you do for yourself".

The meeting was closed with the Lord's Prayer.

"I meant it. I think it's a good idea. I'm going to try it."

"I had decided that when I get out of here, I'm going back and kill the guy who got me sent up here. But I'm not. I've been here

hating him, but I'm just hurting myself. Even if I kill him and get away with it, I'm just hurting myself."

4. Community

Tip and I led a meeting of YA in a high-delinquency neighborhood. Most of the boys and girls present could qualify as chronic delinquents. I explained creative restitution and asked for comments.

"I broke a window once and went back to admit it and said I was sorry."

"Why should I turn myself in and be punished?"

"What if he doesn't know I.B. & E'd his store, should I go tell him? He might not want an apology or amends or restitution, just to see me get sent up." (AE: "I don't know the answer to that, I suppose each of us must find his own answer.")

Jim (ex-convict, ex-parolee, AA member): "I know the answer for me. I did that and got sent up for four years. Now I try to make amends by helping others, not by turning myself in, copping out."

"Okay, we see a guy walking along and we walk up and say, 'Hey, you're the guy insulted my sister,' and tromp on him, and he goes to the sidewalk, and I say, 'Hey, sorry, pal, mistaken identity,' or 'You know, I haven't got a sister.' He goes to the hospital. Am I supposed to go up and make amends? How? (This boy admitted he'd done just that and that it had been done to him.)

Tip: "Once a guy started a fight with me, tried to kill me, and I caused him to lose an eye. I offered to give an eye to a child. Sometimes we can't make amends directly."

We then role-played. A girl played the role of a delinquent coming back to see a grocer whose store she had broken into. I played the role of a harsh, truculent grocer, rejecting and insulting.

"If the guy talked that way to me when I tried to apologize, I'd let him have it."

Conclusion

The concept of creative restitution makes sense to adult offenders and is more acceptable to them than is mandatory restitution. They believe that incarceration discourages restitutorial effort, since it provides

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a codified (ritual) restitution. They are leery about approaching the victim, who may be vengeful, and welcome the help of a parole officer in this matter. Restitution occurred to many before incarceration.

Juvenile offenders are even more frightened of facing their victim and welcome the idea of a responsible adult paving the way. They are more likely than adults to see their offenses as harmless larks for which no restitution seems appropriate. Parents may be willing to suggest or guide restitutional activity, but it then changes from creative to mandatory, which might mean a lessening in its educative or rehabilitative effects. While adult offenders may recognize the appropriateness of restitutional activity, juvenile offenders seem not to have been made aware—by parents, school, police or court—that making amends to those we hurt is part of our own growth.

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The advertising campaign promoting togetherness as the essence of happy family life has run into some patches of stormy weather. In magazine articles, newspaper columns and speeches a growing number of rebels have proclaimed their intransigent addiction to at least an occasional oasis of solitude.

An increase of as much as 17% last year in the number of children referred to juvenile courts is reported by Mrs. Katherine Oettinger, chief of the United States Children's Bureau. The F.B.I. recorded a 9.8% increase in arrests of children under 18 in the same period. The comparable increase in New York City was 13.3% for the year; for the last five-year period it was 105% for children under 16 and 42% for youths between 16 and 20.

BRIEF PSYCHOTHERAPY ON GUARDS

AT A NAVAL BRIG

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MUCH literature is devoted to the obstacles involved in the psychotherapy of a prisoner. Besides practical limitations, such as the availability of therapists, there are such considerations as the motivation for treatment in the offender, who may view therapy as an opportunity to maneuver his environment. Treatment may inspire such manipulation by permitting the prisoner to escape unpleasant routines of incarceration or by facilitating a reduction in penalty. From a technical aspect, often the prisoner reacts to the therapist as if the doctor were part of the "in group" that demanded imprisonment. Furthermore, while the patient is impounded there is a drastic diminution in ongoing events in his life (such as methods for expressing hostility, sexuality, independence, prestige yearnings) which are crucial in the progress and evaluation of psychiatric care.

Since the most enlightened attitude toward punishment looks to the rehabilitation of the wrongdoer, it is important to realize that such rehabilitative efforts may be stymied because of negative interactions between the prisoner and the prison personnel. The prisoner may incite wrath by his refusal to show repentance or by a frankly arrogant bearing. The guard may evoke repudiation, since his own personal affairs may pressure him into displacing anger onto the prisoner. The prisoner represents a suitable scapegoat because the guard often believes himself powerless to exert sufficiently strict limits to the behavior of his charges.

As a result of this sort of interaction the guard may become care-

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less and/or provoke the confined man into more refractory behavior. Thus the administration must both exact vengeance and demonstrate to potential wrongdoers the consequences of such offenses. This reinforces the doubts of many prisoners as to their ability to adjust to the service and strengthens disinclinations toward rehabilitation.

The following cases are presented to demonstrate a type of brief psychotherapy that can be performed in a brig and the resultant beneficial effects to the individual and the prisoners in his custody. In all cases the patient presented himself at sickbay for a vaguely defined physical ailment. Despite the production of considerable psychodynamic material about parents, early life, loved ones etc., this material was not interpreted to the patient. Finally, it should be noted that all these persons had much emotional investment in being "tough Marines" and their florid dependency problems and status conflicts were never made explicit by making a formal follow-up appointment. Instead, it was suggested to the patient that he come back to "punch the bag any time you can in the next week."

It is certain that all of these men were conscious of their common problem (poorly controlled hostility toward prisoners) when they sought medical help. It is probable that they realized the desire to discuss this problem with a doctor even though they had need to present somatic ills as the reason for being at sickbay. In all instances the ego defense of the somatic complaint was tolerated and briefly indulged. Although no appointment was made, all the men understood the implication in the invitation to return for further "chats" and, unlike many patients in psychotherapy, none of them complained of the futility or the devaluation attendant in seeing a psychiatrist.

CASE 1

SERGEANT A., the second ranking noncommissioned officer in the brig, entered sickbay in charge of a group of new confinees. He said that since he was there he would ask the doctor to examine his right shoulder. While the examination was being conducted, the sergeant was drawn into a discussion in which he revealed that it would not be long before he would be "kicking some of these recruits [prisoners] around." This monologue continued while ethylchloride spray was applied to the aggrieved shoulder (no organic illness was discovered). The doctor indicated his understanding of how the sergeant

could feel this way, but made a casual admonition that the sergeant might endanger his career through an impulsive act. The sergeant agreed, but went on to say that despite his many years of service he was not going to re-enlist. He was encouraged to talk more and he spoke of an outside job he held to defray the expense of caring for his children while their mother was in a state hospital. The next morning the sergeant beamed because his shoulder pains had disappeared and he signified delight with the spray treatment. Later he was assured by his commanding officer that he might remain in the same location by virtue of his hardship. Several months afterward the patient told the doctor that the shoulder pains must have caused him to feel as he did toward recruits because, since the pain left, those ideas were no longer troublesome. During the same interval of time the patient acknowledged an increased sense of well-being, including better sleeping and eating habits. He re-enlisted in the service. The patient spent approximately four hours with the therapist, but during that time he became a vociferous supporter of the usefulness of having a psychiatrist on the Brig Staff.

CASE 2

ANOTHER combat veteran, Sergeant B., appeared at sickbay because of a cold. While being examined he said he was apprehensive that he might lose control of himself and abuse some of the prisoners. With further interrogation concerning life stresses, the patient listed increasing marital discord, which he believed was a result of difficulties secondary to commuting to work. This situation might be rectified if he were able to move into a certain housing project. Sergeant B. had elected to live off the base, but discovered that his race barred him from the desired housing. During the next ten days the patient was on chlorpromazine, 50 mgm. before coming to work and 50 mgm. when he left work. He came for several chats during which he verbalized difficulties and anxieties about the housing project. He recalled how he had been one of the first of his race into an integrated school. The patient volunteered the information that his "nerves" were better since he was on the medicine. He noted a marked improvement in his domestic relations. He abandoned all fears of harsh treatment to prisoners. Following an interview with his commanding officer, in which it was pointed out that the Marine Corps was going

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to offer official assistance "in every way" in his efforts to move, the patient was able to stop taking tranquilizers. Occasionally the sergeant returned to sickbay "to punch the bag" for ten to thirty minutes. The improvement sustained and he moved into the housing project in an uneventful manner. Total therapeutic time was less than five hours.

CASE 3

SEVERAL days before he appeared at sick call, Corporal C. had received an order to desist in his brusque handling of prisoners. He asked that his leg be treated following a football injury (in a semiprofessional game he had not received permission to play). There was no demonstrable pathology, but the patient was allowed to apply dry heat to his leg at each sick call. While undergoing this treatment he would recite the episodes that annoyed him about the prisoners. Soon, he believed, his endurance limit would be reached and he would "break some necks" (C. was an expert wrestler and had participated in an international athletic contest as a weight lifter). He was asked to air more of his grievances and he dwelled mostly on his lack of recognition by the Marine Corps and the lack of cultural stimulation in the Marine barracks. He was encouraged to take courses in a nearby college. He spent several hours discussing his curriculum and the possibility of his playing varsity football when he left the Marines. Perceptively, the brig officers arranged to give C. a job with more authority in which he could supervise a group of prisoners on work details. He received generous praise for the excellent job he did in this situation. C. successfully completed his tour of duty and was able to describe a changed attitude toward prisoners. He entered civilian life confident of his ability to perform adequately in a variety of conditions, including interpersonal relations, scholastic and athletic endeavors.

DISCUSSION

THESE cases typify many instances of brief psychotherapy in a prison setting in which the specific goal was the alleviation of friction between prisoners and guards. The problems of patient choice and mode of therapy will be discussed.

The selection of patients was limited to men who recognized excessive rage toward prisoners. In a sense this can be considered as a situational maladjustment. They were men who had somatic com-

plaints and a profound need to be known as strong and assertive. Furthermore, these men respected authority themselves, particularly if it supported them in face-saving maneuvers. The other qualities entering into the choice of patients for brief psychotherapy in the brig relates to the patient's possession of adequate intelligence and his belief that there is a situational maladjustment that can be remedied.

Treatment design included four phases: (1) recognition, (2) passive acceptance, (3) encouragement, (4) active intervention. Often a fifth phase, free interchange of information, formed an important part of therapy.

Somatic complaints of various but minor sorts are the chief danger signals, in the brig, of an emotional crisis in which brief therapy might be considered. With the recognition of danger, the physician attempts to discover the source of distress by getting the patient to talk of general dissatisfactions and anxieties. The doctor sets this discussion in a background of casualness, which characterizes the entire relationship.

This relationship (erecting attitudes of confidence, trust, respect) is furthered through passive acceptance by the doctor of the patient's myriad hostilities. The service man comes to understand that an authority figure can accept the display of charged feelings without resorting to moralistic judgments or punishment. During this phase the doctor learns of the ideas and ambitions of the patient. Gradually the patient frames his troubles in terms of particular events with particular prisoners. It is at this juncture that the doctor is likely to hear reminiscent episodes from early childhood or current interpersonal clashes in the patient's extra-brig life. Now the doctor can decide whether intensive and interpretive treatment is needed.

Expediency may force the institution of brief treatment. Thus phases 3 and 4 are initiated simultaneously. Hence, the accomplishment of the one phase makes the other phase more meaningful and thereby exerts a salutary effect on the total therapy.

Encouragement is provided by helping the patient obtain tangible goals of his own choosing. In the first interview these goals may be obscured to the patient. Ventilation clarifies such aims. Thus the patient may be encouraged to feel that he could go to school while serving in the Marines or that he will be able to make provision for his family. It is as if the patient realizes more of his potential, after a pro-

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longed vacillation, because of the support he receives from his doctor. Seemingly, from the faith of the therapist, the patient borrows faith for his own ability to solve a problem.

Active intervention is applied at several levels. In the interviews the doctor may be directive and permissive in indicating possible solution method, e.g., "Go to school . . . This course might be what you're looking for . . . It's o.k. to feel scared about this." At the same time the doctor may provide medicines or at least give dignified respect to a presenting minor physical ailment. Other than the use of counseling methods and face-saving dependency gratification, it is most important that the patient realize that the doctor enjoys a rapport with key line officers. The discovery that line and medical officers are collaborating on his case because they are interested in his welfare *as an individual* is vitally important in the military, where anxiety is aroused easily over feelings that an impersonal authority forces reduction of individual identity. At the Great Lakes, Illinois, brig, it was well known that all persons (personnel and prisoners) who desired to speak to the commanding officer would be granted an audience in which the psychiatrist was present. However, a specific request could be made for the doctor to be excused from the room.

Sometimes, when discussing problems about specific prisoners or events, the patient would provide important data to the doctor. It was therapeutic if the doctor at a later time could thank the patient for his observations when they were instrumental in uncovering a psychosis or serious suicidal urges in a particular prisoner. Such information increased the tolerance of the guards for untoward behavior in prisoners. It also added stature to their jobs, which at best are drab but responsible, since they then could see that their observations were important and appreciated.

SUMMARY

BRIEF psychotherapy to brig guards is effective in diminishing poorly controlled hostility toward prisoners. As a result, the guard becomes more effective and the prisoner is rendered more likely to be rehabilitated to the service.

Three case studies are presented. There is a discussion of factors entering into the selection of patients for brief treatment. The mode of treatment is outlined.

When hostility to prisoners represents a situational maladjustment in an intelligent man who has powerful but denied dependency needs, brief treatment (about six hours) can be attempted. The treatment emphasizes informality, guidance, support and environmental manipulation. During therapy four phases are depicted: (1) recognition of the problem (often somatic complaint is the danger signal), (2) passive acceptance of grievances, (3) encouragement to resolve problems toward wished-for goals, (4) active intervention by means of advice, medicines and line officer collaboration. Frequently a fifth phase of free interchange of information between the doctor and patient, about certain prisoners, is of therapeutic importance.

New Jersey hopes to establish next year a special psychiatric agency to treat disturbed teen-agers before they become involved in serious crimes.

A British survey of the effect of television on social attitudes supported the psychological hypothesis that when the eyes are actively engaged the ears take second place. Persons or events seen on the screen were found to be more strongly impressed on the mind than those spoken about.

Chester M. Pierce, M.D.

THE EFFECT OF TRANQUILIZERS ON ANXIETY REACTIONS IN PENITENTIARY INMATES

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A RECENT SURVEY of psychiatric care available to inmates at the major United States prisons and reformatories recorded an average of one full-time psychiatrist for every four institutions and no psychiatric prison facilities whatever in twenty-four states. Although it is a recognized fact that a prison community abounds in abnormal personalities, "the level of care rendered to the mentally ill in the prisons of many states is comparable to that of the average asylum of 100 years ago."¹ In a penitentiary one may find strongly concentrated most of the recognized psychiatric and neurotic conditions encountered by the psychiatrist outside. In these surroundings, bizarre behavior, antisocial traits, aggression, hostility and inability to adjust are exhibited to a high degree, producing many problems for the institutional management.

Our team at the Virginia State Penitentiary gave considerable thought to the possibility of employing some of the newer chemotherapeutic agents such as tranquilizers as a first step toward more effective management of the prisoners in general, and the troublesome repeaters in particular. Many psychotics and neurotics have benefited from the use of the tranquilizing agents in recent years. Anxiety and tension have been basic components in most of the disorders treated. Tension and anxiety, in our opinion, are responsible for much of the trouble of the prison inmate.

Under the physical and psychological strain of confinement, with tension and anxiety constantly mounting and eventually reaching the explosive stage, an outlet is found in irrational or sick behavior. This may manifest itself in such irrational acts as intimidating others, making them feel guilty, asserting irrational claims, turning exceedingly belligerent, or it may even lead to self-extinction. We reasoned that by easing the ratio of stress-tension-anxiety through symptomatic relief with a tranquilizer, we not only would get a less aggressive, calmer and better adjusted individual but this might simultaneously bring a better understanding of the problem inmate and perhaps eventually more effective treatment.

For this study of drug effectiveness, we selected a group of prisoners in "special confinement." They were some of the most troublesome individuals, with a prison record of general inability to get along with prison officials as well as fellow inmates. For them the only solution had been complete isolation from the rest of the prison population. These inmates, in the words of the custodial officer in charge, were "unable to cooperate with themselves even." We started with this, the worst group, because under stress of "special confinement," with its intrinsic monotony, tension and anxiety are magnified, and this seemed to provide an excellent base to test our thesis.² We then selected as the most promising and least toxic tranquilizer meprobamate. This tranquilizer is not contraindicated in depression, has no effect on blood pressure or respiration, and liver or kidney damage have not been reported.³ The possibility of habituation was studied in the Oklahoma State Prison. In spite of excessively large doses (3.2 gm. daily), no true habituation developed.⁴ Other studies (University of Michigan) showed that meprobamate does not interfere with normal function.⁵ It was demonstrated (University of Washington) that under experimental conditions subjects given the drug showed improvement in performance and better learning.⁶

BACKGROUND, SYMPTOMS AND TREATMENT

IN THE ADMINISTRATION of drugs to a prison population and for conclusive evaluation, two criteria must be met. One is rigid control of the medication, the other objective recording of the results through various projective techniques. Also, study of the background and former

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environment of the subjects seemed important for better understanding and, accordingly, a large volume of sociological data was gathered and added to our other information. Considerable time was spent on this and it was necessary to review many prior prison records and prison adjustment data, conduct special interviews and consult with other members of the prison staff acquainted with the group. These data may come from as many as eight or nine sources and, if all are studied and compared, interesting personality and background clues may be obtained.

Many tables and graphs were prepared from the accumulated developmental data. Family influence, educational background, work record, economic status, nature of offenses and other data were studied. These statistics provided us with valuable information and the following is a summary of some of it.

Parents and Home: Of the group, 30% lost their father, 35% their mother and 15% both parents prior to the sixteenth birthday. In 27% of the cases the mother worked outside the home to supplement the income; in another 20% she was the sole support of the family. An unstable home accounted for 42%. In about one-fourth of the group either father or mother had a known police record. The economic status of the family had been poor in more than half of the cases. Thirty-eight % were raised in urban and 62% in rural environment.

Education and Work Record: Few of the inmates reached high school; 80% had left home prior to 18 years of age. Unskilled workers constituted 92% and only 10% had a stable work record.

Offenses: In this group, 20% had committed or attempted murder; 17.5% robbery, 7% assault, 17.5% rape and 37.5% storebreaking and grand larceny. Twenty-five % were first offenders, 75% recidivists. Sixty-two % of the group had been punished for various breaches of conduct more than five times. If the entire juvenile and adult institutional records were combined, the group had spent a total of approximately 396 years in confinement, or an average of almost 10 years per prisoner.

A TYPICAL CASE HISTORY

D.P., a white male, born in 1926 in a fairly large Southern community, was one of eight children. His earliest home life was spent

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in the company of an alcoholic father who was a tyrant in the home. As a child he enjoyed fair health and no childhood neuropathic traits were noted. He entered school at the age of 6 and quit at 14 completing the seventh grade. His conflict with authorities started while in school. The sole reason he gave for quitting school was to sell bootleg whisky.

D.P.'s parents separated when he was 10 and the mother remarried. From the start a definite hostility existed between D.P. and his stepfather and this hostility culminated in D.P. shooting the stepfather when the boy was 12. Following this he left home to become a "free agent."

From age 12 to 17, D.P. was in numerous conflicts with the juvenile authorities and at 18 was given five years on two counts of burglary. After serving a year, he escaped but was picked up in California. Having been returned to prison, he admitted having escaped "eight or nine times" while in custody and he was given a year in the Federal Reformatory for violation of the Dyer Act. Eventually he was returned to his home state to serve the rest of his sentence. Once more he escaped. At the time of his present conviction in this state he was on escape and had several detainers against him.

While in prison, D.P. was found to have normal intelligence and good mechanical ability. His clerical skills were fair. He gave a marital history of eloping with a girl after having known her only six weeks. After marriage in 1950, he and his wife went north so he could get a job. He seems to have tried to make good at marriage at first. Two children, a boy and a girl, were born. After the first two years of marriage, D.P. decided to roam. His wife stated that she had lost contact with him, getting one letter in five years.

The apparent transitory and nomadic tendency has been with him throughout his life and can be traced in each phase. He never held a job longer than a few months and most of his working life has been spent in Southern prisons. He had little to say about his parents and presented an evasive, indifferent attitude toward most social mores. He had never been a church member and stated that neither parent went to church.

D.P. is now serving a ten-year sentence for robbery. While in prison he was found to be shrewd, a cautious escape risk and potential trouble-maker. His first year of incarceration proved true to form. He

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was convicted for killing a Negro inmate over some illegal whisky and was segregated from the prison population. His social history gave no indication of existing psychotic or mental disorders. He said that at times he became extremely tense for no reason and believed he had grown up never having a good "break" in life.

IN SETTING UP this study, we originally planned a somewhat larger group. After preliminary screening, however, only 30 men proved suitable (72% white, 28% Negro). Of these, 22% showed a prior history of childhood neuropathic traits; psychotic episodes were seen in 30%. Most prisoners, when asked to cooperate in the study, were reluctant at first. In time cautious reluctance was replaced with a sincere willingness-to-help attitude.

Meprobamate (A), the active drug, was administered in 400 mg. tablets to half of the group; the other half received identical placebos (B). In the course of treatment one subject had to be changed from placebo to meprobamate, bringing this group to a total of 16. In the placebo group, for reasons beyond our control, only 11 completed the whole course. To guard against any mistakes, and to gain maximum cooperation, the medication was given by the psychologist or nurse personally.

Each man was interviewed individually at the beginning to determine the nature of his complaints or symptoms, to assure cooperation and to establish rapport. The major complaints were the common anxiety symptoms such as tension, frequent or constant headaches, loss of appetite, insomnia, irritability, restlessness and sensitivity to noise. Some reported nightmares, vague fears and similar symptoms.

Objective and projective tests were carried out prior to and after an eight-week course of treatment. Thus all subjects were given a Rorschach, the Taylor Anxiety Scale and the Bernreuter Personality Inventory.

RESULTS

Subjective evaluation of the effect of the medication was recorded during and at the end of the experiment. Subjective improvement was reported by 69% of the patients in the group on meprobamate (A) compared with 27% of the placebo group. Objective and projective tests revealed a similar difference in the two groups. A summary of the tabulations follows:

Taylor Scale	Number of Changes	Per Cent of these Changes Favorable	Per Cent of these Changes Unfavorable
Group A (Meprobamate)	14	80 %	20 %
Group B (Placebo)	8	63 %	37 %
*Bernreuter:	F1-C (Self-confidence)	F2-S (Sociability)	
Group A	-32.27 %	-34.5 %	
Group B	0 %	-16.4 %	
Rorschach:	Percentage of Change Group A (Meprobamate)	Percentage of Change Group B (Placebo)	
Total Responses	+32.8 %	+0.44 %	
F + %	0 %	-0.06 %	
F %	+2.5 %	-.02 %	
Movement	+44.5 %	0 %	
Color	+0.4 %	+13 %	
*Time 1st Resp.	-45.7 %	-42 %	
*Rejections	-75 %	-.15 %	
*Vista & Shade	-11.7 %	+15 %	
Human	+73 %	-.084 %	
*Animal %	-5.9 %	-.018 %	
Popular	+22 %	-.02 %	

* NOTE: A negative change is favorable on these factors.

DISCUSSION AND SUMMARY

ANALYSIS of the data accumulated in this investigation proved educational not only to our research team but to prison officials as well. The history of these inmates generally revealed a picture of failure and frustration, which had been continuous since childhood. At home, the subject had failed to get on with his parents because he believed they did not like him; at school, because he was convinced that his teachers "picked on him"; on the job, because his boss "had it in" for him. Tension and anxiety were part of the pattern that appeared to run through most of these histories. In the surroundings of a prison still more frustration and tension build up that at a certain stage are released, like a coiled steel spring, by the slightest additive stretch or stress. We now begin to understand that failure, as also fear of inability to cope with the complex problems of life, are at the base of most of the trouble and that this in time produces the problem

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inmate. In an atmosphere of severe repression, most inmates, particularly the emotionally unstable, show no will or understanding for orientation, adjustment and betterment. Punishment often accomplishes the reverse. It seems inevitable, therefore, that to deal constructively with the offender, particularly the recidivist, provision will have to be made for better understanding and study of the causative factors. To be more effective in our efforts of rehabilitation, tranquilizers can be useful, we believe, to establish rapport with the problem inmate during a period of adjustment and re-education. A calmer and more cooperative individual with increased capacity for group identification, empathy and willingness to learn may result from such treatment.

The subjective and objective results of our pilot study indicate drug effectiveness that was not obtained with the placebo. Although the statistical evidence accumulated from this small group is not overwhelming, we feel sufficiently encouraged to pursue further study, especially since we saw improvement in a substantial number of subjects who without doubt were our most troublesome prisoners (of 1,600 maximum-security prisoners in the penitentiary and about 5,500 inmates in the prisons of the State of Virginia). It is suggested that meprobamate would be useful for many other inmates not necessarily in "special confinement" but with sufficient evidence of emotional disturbance, behavior and adjustment problems. These constitute a large number of the populations of all prisons and correctional institutions and, if untreated, they will continue to be a costly burden to society. We realize that drug treatment is only adjunctive therapy, but with its help avenues of research virtually untouched in the field of criminology and penology seem to open up.

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POINT OF VIEW

The Aftermath of Permissiveness

PERMISSIVENESS now stands as a cautionary label on the discredited fallacy that children benefit from freedom from restraint. But the dark legacy left by the transient vogue of this grotesque misconception continues to belabor us. The damage it has wrought on several generations of adolescents, and on the society in which they figure, is evident in a rampant turmoil of juvenile license and in the neurotic tensions of adults who were reared and educated in a climate of parental and mentorship negation.

It seems like yesterday when educational psychologists were giving sway to their illusion that if children were permitted to express their instinctual drives freely they would be better able to accept the impress of authority as they matured. For a long time parents and teachers were gulled into credence of the notion that it was their duty not to guide children but to surrender them to their vagaries. The objection that this idea controverted traditional reverence for the power of precept was glibly discarded; in fact, this iconoclastic aspect of the fad seemed even to heighten its appeal. The wisdom of the forefathers, the prompting of common sense, the standards of the eternal verities—what were these but anachronisms unsuited to the needs of a "natural" posterity?

We have learned from experience—and it is disquieting that anyone should have needed the costly lesson—that lapse of authority in a child's early years submits the youngster to extraordinary stress when discipline is inevitably imposed at a later stage. As we know too well, children schooled—or rather unschooled—in the milieu of permissiveness did not adapt to the matrix of responsibility but continued to give rein to the anarchy of self-indulgence to which they had been habituated. The products of this nuance were for the most part

not integrated citizens but egocentric hedonists, not cultured companions but offensive boors, not self-reliant achievers but blatant parasites. By the power of bad example the social infection spread beyond its zone of immediate influence and the over-all quality of human resources was extensively diluted. Who can doubt that the dogma of unrestraint has contributed tremendously to the plague of delinquency and other misbehaviors?

Let it be said that to inveigh against permissiveness is not to argue for stereotyped conformity, for suppression of self-expression or for philistine austerity. The problem is simply to fit the diversities of human nature into the mold of a harmonious social order for the greatest good of the greatest number. Permitting children to do as they like cannot possibly equip them for a happy and useful role in a society that must make certain demands upon them for their own and others' benefit. The sooner their adaptation is begun the better, by suggestion and example as far as possible but by restraint and discipline where necessary.

The error of permissiveness appears to have been associated in some degree with the child's genuine basic need for love. But what a young person requires is not a surfeit of emotional affection as expressed in full indulgence, but a demonstration of wise concern for his best interests. Parental love has protean qualities, as implicit in strict correction as in appropriate gratifications. The child learns to perceive love as a reward for its success in meeting its parents' expectations and as its life develops this generic indicator of approval assumes many substitute forms in confirming the value of a person's achievement. Anyone familiar with the intricacies of tutelage knows that an unrelieved diet of sufferance brings not appreciation but protest or contempt.

Therapists working with young delinquents are accustomed to the venomous bitterness with which these young people often express their resentment and even hatred toward one or both parents. These outbursts are not always occasioned by cruelty or neglect but often by histories of extravagant indulgence. The child's need for correction and guidance is so unmistakable that it must rank as a cardinal principle of family regime and education. The community, in its responsibility for creating the conditions necessary for constructive family life, needs to reflect this truism. In the example of those families

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amenable to influence and in school systems and other formative institutions, there is room for wholesome recognition of the problem of producing citizens who willingly and habitually conform to the norms of a stable society.

Group Aggression and Juvenile Crime

THE spotlight searchingly focused on the pathology of youth nowadays illumines, among other errancies, a striking phenomenon of our time—the prevalence of group aggression. Gang wars, collective crimes and other manifestations of plural violent impulse have become so conspicuous as to indicate a trend related to contemporary forces. It is instructive and useful to look at the roots of this latter-day excrement.

Tradition has always hymned a heroic ideal that measures a man's valor in terms of his bravery in single combat. In man-to-man encounter for the settlement of differences, or in the equivalent sublimation of this situation in ordinary competitive endeavor, the worth of the individual is gauged by his ability to vindicate his stand or to defend himself against encroachment. It would be a sad retrogression for humankind if this courageous quality were to be extensively diluted by craven reliance upon numbers or by its demotion to a vicarious exercise through spectator sports. Proof of self-confidence is the essence of manliness.

In the lexicon of juvenile gangland the principle of the duel is outmoded. Single combat has given way to the clash of veritable armies. Territories are usurped by rival groups and a member of one trespasses on the other's terrain at risk of life and limb. In one case recently a young gang kept two ashcans filled with a caustic lye solution on the roof of a tenement, ready to be poured on any rivals who strayed upon the sidewalk below. When clashes occur a fist is not mighty enough—battles for the mere sake of battle are waged with knives, guns and rocks. When the gang resorts to crime or depre-

dation, it is again a collective operation, hedged by the safety of numbers. Juvenile crimes are committed more and more by groups rather than by individuals.

Even beyond the gangs' purlieus fantastic revenge is devised to repay affronts. One suburban youth, bested by a schoolmate when forced to fight, killed his adversary with a gun after long brooding over his defeat. Another youth, confronted by a rival in a dispute over a girl, stabbed his challenger to death to escape a beating. When prowess or courage is wanting, the weapon, a multiplier of deficient strength or valor, comes into play. The odium commonly associated with the use of knife or gun in a settlement of differences apparently has lost some of its deterrent power.

It is glib and superficial to attribute this spate of group or aided aggression to the influence of films, television, comics, science fiction and the other hackneyed scapegoats. It is true enough that the doubtful heroes of the Western screen have schooled most youngsters in the efficacy of the gun as an "equalizer" and in the power of a posse to achieve swift retribution. It is also self-evident that everyone under middle age has lived only in the shadow of hot and cold wars, with their torment of recurrent crisis and their tacit endorsement of desperate expedients to serve emergency ends. One does not live for decades in a climate of violence and fear of violence without damage not only to his equanimity but also, in many cases, to his ethical scruples about the use of force. The apotheosis of power is implicit in this era of the motor and the atom; the wondrous elaboration of gadgetry dwarfs and obsolesces the solo effort of mere man; monstrous machines and command of cosmic forces unleash virtually unlimited potentialities of push-button violence, mobilizable for good or evil. These modern ogish advances are part of the background of social pathology, but they explain it only partly.

Brother Aquinas Thomas, in his incisive analysis of juvenile motivation in this issue, sagely observes that youthful behavior is not spontaneous; it is a product of what is tolerated by elders. Youths' imitative bent tends to reflect and adapt the kind of life that fashions their formative years. Parents and families cannot escape responsibility for the integrity of their young. Group aggression is not the invention of adolescents; it has characterized more and more the recent evolution of social patterns. Collective security is not only the

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kingpin of national and international strategy; permeates nearly every element of endeavor. Consolidation of power, reliance upon communal pressures for privilege and advancement have become talismans of advantage in the increasingly complex structure of everyday life. The truth is that our pursuit of materialism, though dedicated to pleasure, has driven much of the joy out of simple human experience. With all its gaudy boons, youth senses a want of essential satisfactions unrelated to material rewards.

Depreciation of the individual, it would seem, is part of the price we are paying for our breathless flight into new ways of life as yet only dimly perceived. Basic human nature remains intransigent in its commitment to unhurried gestatory processes. Hectic stress on the one hand and relative inertia on the other make tension inevitable. In homely terms, the times are out of joint. Until we learn to reconcile our objectives with the means available, including the quiddities of human nature, we shall continue to suffer from derangement. The role of the social sciences in giving man a disciplined awareness of where he is going, and how, is crucial in the present fevered temper of the world.

The \$20,000,000,000 Crime Question

CRIME is costing this country twenty billion dollars a year, a burden second only to that of national defense. The volume of crime, about 2,800.00 major offenses last year—one for every fifteen families—was 8% greater than the year before. Almost half of the persons arrested for major crimes in 1957 were under the age of 18. Since 1950, arrests of youths between the ages of 10 and 17 have increased two and a half times faster than the growth of population of young people.

This preview of the crime situation is provided by Attorney General William P. Rogers, who has launched a long-range campaign to arouse an apathetic public to the need for measures to

combat it. His Department of Justice has produced a list of 100 public enemies whose capture and prosecution are to be made an objective of highest priority. Mr. Rogers has asserted that organized crime could not exist long on a profitable basis without the connivance of local law-enforcement officers, who presumably share in the professional criminals' gains.

Additional cause for reflection is offered by James V. Bennett, United States Director of Prisons, who has warned Congress that a further increase in crime is likely to add to the already high cost of maintaining prisoners. The business recession, he reasons, by raising the level of unemployment, stimulates the mobility of job-hunters and therefore multiplies the occasions for such crimes as car theft, holdups, embezzlement and check-passing.

Anyone in contact with the day-to-day manifestations of crime will not be surprised by these analyses. The readers of this Journal have been regularly informed of the dimensions and significance of this trend. Indeed, the rebuke and challenge to society conveyed by the runaway surge of lawlessness has been a basic perennial topic in these pages. The people who are professionally and conscientiously concerned about the epidemic of offense hardly need to be reminded of its seriousness. They are also poignantly aware of the major obstacle to any genuine progress in the reduction of crime—the apathy of the general public toward the application of effective remedies. The public still tends to shrug off crime as an inevitable aspect of community life and to regard the old nostrum of police and prisons as the pat remedy. The principle of scientific, systematic prevention still is marooned in the realm of esoteric discussion.

Mr. Rogers is well advised to regard the amelioration of crime's burden as a long-term problem. Mr. Bennett also realistically implies that it must become worse before it can get better. A dynamic, broad-gauge attack on crime at its roots is alarmingly overdue. It is gratifying and reassuring that Federal resources are being mobilized to that end. Mr. Bennett already has contributed significantly to the means of remedy by giving scope in the Federal prison system to the adjuncts of scientific rehabilitative therapy. But from a general viewpoint the preponderant task still lies ahead. If the blockade of public indifference could be broken, the long struggle to bring crime under control could begin.

BOOK REVIEWS

William Zielenka, Ph.D.

Book Review Editor

I Survived Hitler's Ovens

Olge Lengyel, Avon Publications, Inc., New York, 1957.

BARBARIC sadism sanctioned by the leaders of a twentieth-century nation is again described; this time by one of the surviving victims. Death accompanied by methodical cruelty and the infliction of pain for the satisfaction of the persecutors are the prominent themes of desperation. Persistent striving to live under the most debasing conditions are evidences of the strength of these women prisoners. In this account some prisoners identify with their tormentors when given a chance at sustenance and some little power, as described elsewhere by Bettelheim. Survival sometimes required the conscious employment of the most extreme destructive actions by prisoners whose reality understanding and conscience abhorred these very acts. The author tells of her having to kill the newborn of the women she attended in labor at the Auschwitz concentration camp, as mothers with live children were sent with their offspring to the gas chambers at the extermination camp of Birkenau. In this way at least, the parturient women survived for that time one of the many conditions of certain death.

The reprinting of this account some thirteen years after the mass corruptions were halted serves as a reminder how extensively perverted aggression can be spread. The outbreaks in Western culture of destructiveness, murders, delinquency and psychopathy are serious in themselves. The Nazi state is evidence of the susceptibility of the controls of a large, complex, advanced culture to these pathologies of conscience. The ongoing individual, gang and small group attacks on society are the symptoms of that same illness breaking out in those individuals with the least reality strength and the weakest morality structure. The susceptibility for the illness is with us, as evidenced by these daily relatively small outbursts. During this more than a decade since

World War II the sharp awareness of the national degradation produced by regressive pathological thinking has become blurred. Students of human behavior will do well to remind themselves of the constantly ready potential most people have for returning to savage jungle living within time periods that can easily be counted in minutes.

The horrible life of a concentration is told by the author in factual terms with little emotional underscoring. Had the author written deeply of her feelings, she would have found few readers brave enough to follow her. This account is a challenge to any reality-oriented person. The student of aggressive drives will find that these humanly created conditions severely tax his understanding and that the challenge of providing control plans is a staggering one.

W. Z.

Dreams and the Uses of Regression

*Bertrand Lewin, International Universities Press,
New York, 1958.*

CONSCIOUSNESS as the "sense organ of psychic qualities" and perceptive systems as sense organs of external (from the ego) events are seen as the model for scientific Cartesian dualism. The differentiating of self from other events, as in dreams there often are the observer and the dreamed actions, is crucial in establishing ideas about the external world. In the scientific world of external happenings the observer is the passive viewer, with observations verified by other observers, thus achieving objectification.

The fascinating implications of this are that objectification is essentially the task of science. The same work is required within the awareness of each person who would know of his inner psychic life as is applied to know about the external world. The uses of regression, Lewin indicates, are those resulting from the structure of dreamer-viewing-his-dream-action, plus the latent content of dreams. This bridges a gap in communication between the scientists of the individual psyche and those students of other sciences, social, natural and physical.

W. Z.

Book Reviews

The Call Girl: A Social and Psychoanalytic Study

Harold Greenwald, Ballantine Books, Inc., New York, 1958.

STUDIES of the deviant often have thrown light on the usual and the ideal. This study of the "aristocrats of prostitution" as represented in New York City provides many such perspectives. Principally the isolation and loneliness so epidemic in our society is seen in extreme forms with each of the girls in this report. Six of the girls were in psychoanalytic therapy with the author. In addition, four others were interviewed by him for social and psychological case material, and ten others were similarly interviewed by three professional call girls trained in interviewing procedures by the author.

Each of these professional prostitutes experienced the breaking up of the parental home by the time they were in their adolescence. The geographical, economic and social-status factors of the parents show a wide range of representation. The factors shared by the girls are early feelings of distance from the mother, marked family difficulties, extreme personal isolation from others. These girls have been attracted to the subculture fostering asocial behavior, such as drug addiction, and having much amorphous sexual experimentation where love is only a word. Their self-degradation and economic rewards, and rejection of these, guilt and masochistic pains are all combined in this occupation. The work of the call girl emphasizes the mechanical and physical elements of genital contacts with as little real emotional reaction by the girl as possible.

Men participants, both Johns (patrons) and pimps, are described from interviews with them. The one John discussed, from the perspective of treatment, has qualities similar to the girls: strong attachment to parent of the opposite sex, a need to disguise this to himself, degradation of sexuality, extreme personal isolation. The pimps are parasites attempting to disguise their weak masculine identification.

Pleas are made by the author for therapeutic approaches to girls now in "the racket" like those presented by Dr. Ralph S. Banay in *We Call Them Criminals*, and preventive approaches through identifying prodromal patterns. This section should be amplified if it is to serve

as a basis for effective preventive programming. The men participants are just as important in creating the condition of the call girl, as the author is well aware. A valuable addition to the study would be his views on the individual and social therapeutic approaches to the problems presented by this group.

This is a courageous investigation into social areas where constructive interest is sorely needed. The underlying destructiveness of the men and women participants to themselves and to each other is impressive. These persons live with masks of pleasure covering emptiness.

W. Z.

The Psychology of Personal Adjustment

Roger W. Heyns, Dryden Press, Inc., New York, 1958.

IN the author's words: "This book was written for college students who have had a sound introduction to psychology as a social science . . . [and is] . . . an attempt to apply the results of research in psychology, sociology, cultural anthropology and related disciplines to our problems of adjusting to the demands of living in a complex social world." In the reviewer's opinion, the author has carried out his objective successfully.

The over-all impact on the reader is a fairly sophisticated orientation into the ways psychologists conceptualize the discomforts of people. The aim seems to be to understand principles of behavior that in turn offer an understanding of the self.

In the eight final chapters the reader is taken through a developmental view of personality and behavior, progressing from infancy to the problems of aging. Here the author at times seems to be duplicating the types of discussions one encounters in traditional introductory child psychology courses. There is a good deal of advice about child-rearing practices.

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In the discussion of vocational choice as an adjustment task, it is interesting that the author neglects Super's developmental task theory. Except for this rather glaring weakness in the discussion of adjustment at the college level, the treatment of the typical problems of the modern student is meaningful and insightful.

Most of the chapters represent a blending of empirical findings with therapeutic objectives. The author seeks to discuss facts rather than to indoctrinate the student in some highly theoretical conceptualization about personality dynamics. The impression is that of an eclectic approach soundly rooted in empirical literature.

Readers of this Journal will be particularly interested in the discussion of frustration and frustration tolerance. Following rather closely the line of approach by the Yale group (Dollard, et al), the author discusses "frustration-instigated behavior" and believes that certain behavior "can best be understood not as goal-directed or oriented toward satisfaction of some need, but as frustration-instigated. The behavior is its own; it has lost its connection with the tension that gave rise to problem-solving behavior in the first place." Frustrated-instigated behavior often has as its goal the infliction of punishment on the frustrating agent. If the frustrating agent is seen as the self, there is aggression against the self; if as another individual, there is aggression against the other person. Aggression is seen as an outgrowth of a primitive response: the anger reactions of early infancy. The author feels that the primary function of aggressive responses "is the reduction of tension resulting from frustration, not satisfaction of the need that gave rise to the activity that was frustrated."

Negativism appears to be defined in terms of itself: "On the one hand it is symptomatic of the child's resistance to giving up his infantile satisfactions and his reluctance to yield to cultural demands." The author also sees negativism as a manifestation of an effort to achieve independence. In his discussion of negativism, one gets the impression that he is describing the forms it may take and is not explaining dynamics.

The book is a good one. It is reasonably "heavy" and is more scholarly in coverage of the literature than one finds at times in mental hygiene texts.

AUSTIN E. GRIGG,
University of Texas

Freud, Reminiscences of a Friendship

L. Binswanger, Grune & Stratten, New York, 1958.

THE warm, instructive, critical and deeply meaningful friendship between the author and Freud is conveyed in these pages. The comments and views which Freud expressed in a setting that allowed him free expression are reported in the correspondence and descriptions of infrequent meetings of these two men. Some of the ideas are most instructive enrichments to analytic concepts and to perspective in the development of psychotherapy. In particular, the remarks of Freud on counter-transference and on suicide are worthy of further elaboration.

W. Z.

The Mentally Retarded Child

*Max L. Hutt and Robert G. Gibby,
Allyn & Bacon, Inc., Boston, 1958.*

THIS is an attempt to describe the behavior of the mentally defective in the language of psychoanalytic formulations. The discussion ranges from elementary recitation of psychoanalytic concepts to sophisticated examination of certain reactions of the mentally retarded. The book, judging from its level of discussion, is beamed to parents and teachers of the mentally defective and to others involved in training programs for the retarded. There is little in the book to enrich the thinking of the psychiatrist or the clinical psychologist.

The book is best in communicating the traditional psychoanalytic line in a straightforward and careful style. It is weakest in communi-

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cating the most commonly employed clinical classifications and descriptive characteristics of the mentally defective, and is actually guilty of errors of omission here. For example, in discussing mongoloids, the authors state (p.112): "True mongoloid children do not usually live to adulthood. A life span beyond twenty years has not been the rule." This statement is not descriptive of the life span of these individuals since the advent of the sulfa derivatives or of penicillin. The discussion of microcephalic also does not reflect some of the more widely quoted recent findings. Also, the authors' view of pseudo-feeble-mindedness does not include the highly regarded formulations that Benton has published. The book must be termed spotty and uneven.

Chapter Six, "Problems of Adjustment", is one of the better ones in the book. It represents an insightful discussion of some of the reasons the mentally retarded child finds it difficult to display graceful and effective social adjustment. This chapter seems especially helpful to teachers and to parents. It talks in terms of the retarded child's impact on others and of the social stresses to which he is subjected.

Readers of this Journal are especially interested in studies of aggressive behavior. Hutt and Gibby state that aggressive drives "may be expressed without adequate control or direction—impulsively or inappropriately. The mentally retarded child does not have excessive drives, but the expression of these drives tends to be uninhibited. The inadequate ego thus proves to be ineffective in two general ways: (1) id drives cannot be controlled adequately; and (2) the demands of the external reality cannot be adequately or realistically assessed" (p.80). The authors cite studies to remind the reader that psychologists for some time now have recognized that mental retardation, per se, does not play a major role in the etiology of crime. They do feel that adolescence is as critical a period for the mentally retarded as for his more normal peers. Adolescence is seen as a period of struggle to resolve "the conflicts that are reinforced and initiated during the period of puberty." Antisocial behavior is interpreted in terms of the dynamics of the individual who strives for some level of comfortable adjustment to a frustrating environment.

The professional worker who has not thought of the mentally defective in terms of psychoanalytical concepts may enjoy the early chapters of the book. The book should be stimulating to teachers of the retarded and would provide a useful basis for a parent training pro-

gram. In academic circles, the book is obviously at the undergraduate level and there are other competing texts that some students may not find so dynamic as the present book.

A.E.G.

The Neuroses and Their Treatment

Edited by Edward Podolsky,

Philosophical Library, New York, 1958.

THIS is a valuable book for those engaged in the healing arts, whether their traditional orientation to psychological treatment lies in medicine, psychology, sociology or education. Dr. Podolsky gathered together forty-three outstanding contributors. The range of interest is great and varied. Topical discussion includes matters pertaining to infancy, childhood, adolescence and adulthood. The author's theoretical predilections range from the orthodox psychoanalytical to the chemophysiological approaches to psychopathology.

The very nature of such a disparate compilation is, of course, a limitation on the value of the book while at the same time it proves to be one of its worthwhile qualities. It is limiting because one leaves the book with a suspicion that vast disagreement exists among the workers in the field of the neuroses: each one seems to be going his own way—and the editor, to this reviewer's capacity to perceive, has made no substantial attempt to relate one approach to the other or to indicate any intermediary upon which any of these different viewpoints might try to meet. Apparently the editor did not conceive of this as his function. He apologized for the lack of uniformity in these studies and stressed the existence of many definitions of neurosis, this book representing a comprehensive survey of the field. One cannot help but wish, however, that the book might have been handled a little more didactically in the sense of providing a concordizing discussion or summary following each section, which then might have provided the

reader and student with more of an over-view than is obtainable here.

The value of this large and sometimes unwieldy assortment of comment lies in its coverage of the dissimilar viewpoints (theoretical and clinical) of the respective authors as well as the fact that it permitted the inclusion, in one volume, of many distinguished contributions. True, it is an enormous jump from a René Spitz to a Meduna or from Lydia Dawes' "The Psychoanalysis of a Case of 'Grand Hysteria of Charcot' in a Girl of Fifteen" to Frank Ayd's "The Grantham Lobotomy for the Relief of Neurotic Suffering"—but each writer reveals his orientation and techniques with a lucidity and perspicacity that is admirable.

A comprehensive work such as this is probably more valuable for workers in disciplines allied to those of psychology and psychiatry than for those within. Because of the polyglot character of the work only those whose acquaintance with psychotherapy is substantial will be able intelligently to separate the wheat from the chaff.

HAROLD LINDNER, PH.D.

Analyzing Psychotherapy

Solomon Katzenelbogen, *Philosophical Library, Inc.*,
New York, 1958.

THE author's personal views on psychotherapy, derived mostly from his own experience, are presented. His purpose is to acquaint the reading public with an introduction to psychotherapy and to his own views. The formal orientation is derived from Adolph Meyer, where eclecticism is primary. A squabble with psychoanalysis runs through the short book. Sometimes the author finds himself in harmony with Freud; at others the author feels he brings the light. The importance of the patient-therapist relationship is stressed. This is one more essay setting up analysis so as to knock it down.

W. Z.

WORLD OF SOCIAL THERAPY

Bachelors—Bachelors are more prone to mental illness than husbands, according to data published by the Registrar General for England and Wales. Eight times more unmarried than married men were admitted to British mental hospitals with schizophrenia.

Bias—Dr. Howard A. Rusk, an authority in rehabilitation, has declared that he has never heard a word of racial or religious prejudice among the 15,000 patients who have passed through his institute in New York University-Bellevue Medical Center.

College Pay—The average 1958 salary for college and university faculty members is \$6,120 and is "shamefully low," a study by the Federal Office of Education discloses. Average salaries in public colleges and universities ranged from \$5,110 for instructors to \$8,530 for full professors, and from \$4,230 to \$7,360 in private institutions.

E Voice—Reminiscent of Nancy Mitford's U and non-U criteria, Kenneth Hudson, phonetics expert for B.B.C. in London, reports that an E or escalator quality of speech distinguishes persons who are successful in their undertakings.

Killers—Mrs. Albert D. Lasker, chairman of the National Health Education Committee, points out that five major killers stand between Americans and their attainment of longer, healthier, happier lives. These are arteriosclerosis and other heart diseases, cancer, mental illness, arthritis and metabolic diseases and neurological and blinding eye diseases.

Migration—Automation has started a significant shift in workers from industrial to commercial occupations, increasing the numbers who work in downtown store districts rather than in factories.

Murder—Dr. Lemoyne Snyder of Paradise, Calif., a police and court consultant, has warned physicians "not to be naive in calling murder a heart attack or other cause." With one in every 200 deaths in the nation a homicide, he counsels more care in preparing death certificates.

World of Social Therapy

Narcotics—The United Nations Commission on Narcotic Drugs reports that smuggling of narcotics continues at an alarmingly high level and that there is evidence of close links between this traffic and other crimes.

Neurotic Seamen—A steady increase in the number of mentally disturbed seamen in the American Merchant Marine has been cited as a challenge by Rear Admiral George Wauchope, retired, a shipping executive. A survey of insurance data showed 462 cases of psychoneurosis among 58,500 seamen in 1957, or 0.79%. There has been a steady increase since 1954, when the figure was 0.36%.

Paper-Backs—Paper-bound books accounted for 253,229,000 of the 525,393,000 volumes published in 1956, according to latest statistics. The newsstand or popular type of paper-backs sold to the tune of 245,562,000 copies, compared with 26,343,000 copies of the adult classification. The leaders are: "God's Little Acre," 7,500,000; "Peyton Place," 7,277,000.

Population—United Nations demographic experts predict that the world's population, now 2,737,000,000, will double to around 5,000,000,000 within forty years. Thirty-four babies are born for every eighteen person who die. The annual population increase of 1.6% is rated at 5,400 person an hour.

Spending—The American people spend more for tobacco and alcohol than for medical care. Data for 1956 show \$5,700,000,000 spent for tobacco and \$9,400,000,000 for alcoholic beverages, a total of \$15,100,000,000, compared with the \$12,100,000,000 cost of medical care, exclusive of death expenses.

Tape—Tokyo's anti-drunk weapon: before an unruly drunk is locked up, the police make a tape recording of his delirious jabbering, then play it back to the horrified, repentant sufferer on hangover morn.

TV Doctors—The New York State Medical Society has asked the Federal Government to regulate television advertising to discourage the exploitation of remedies touted by stage "doctors." The society protested the increasing commercial time devoted to "false or misleading advertising of nostrums and proprietary remedies on sale to the general public without prescription or other form of medical supervision."

Ulcers—Executives have no monopoly on ulcers, for the incidence is rising among men of lesser responsibility and among women, according to Dr. Sara M. Jordan, a Boston specialist. The ratio of ulcer patients is 3.5 men to one woman. About 4% of the cases are fatal.

AMONG THE AUTHORS

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